

DUNDEE CITY COUNCIL

REPORT TO: SOCIAL WORK AND HEALTH COMMITTEE - 25TH AUGUST 2008

REPORT ON: BEST VALUE REVIEW OF OLDER PEOPLE

REPORT BY: CHIEF EXECUTIVE

REPORT NO: 421 - 2008

1.0 PURPOSE OF THE REPORT

- 1.1 The purpose of this report is to present for approval conclusions and recommendations based upon the findings of the Older People Best Value Review Group. The terms of reference of the review are included as Appendix 1 to this report.

2.0 RECOMMENDATIONS

The following recommendations of the Best Value Review Group are presented for approval of the Social Work and Health Committee.

- 2.1 That the partners recognise in policy and development and strategy that the Dundee population is ageing and give priority to adapting infrastructure and universal services to meet the needs of an ageing population.
- 2.2 The partnership prioritise investment in reducing the number of people waiting for care at home, providing an improved range and more respite care, developing additional accommodation with care, and in the development of intermediate forms of care that assist rehabilitation and prevent unnecessary admission and re-admission to hospital.
- 2.3 That measures being taken to maintain efficient service delivery and service procurement be continued. The partners incrementally reduce the number of people waiting for care at home and increase the number of care hours available.
- 2.4 The approach to development of care at home provision outlined in Report no 418-2006 Older People Services be continued to support the achievement of recommendation 2.3.
- 2.5 That the partnership support actions that ensure expenditure on Older People reflects the ageing population and that opportunities are sought in the medium term to redress the balance in investment towards older people.
- 2.6 The recommendations of the multi-agency inspection of older people be taken forward through the implementation of a joint strategy and commissioning framework for older people in Dundee.
- 2.7 That the current governance arrangements be assessed to ensure that progress towards meeting the objectives, outcomes and targets are scrutinised.

- 2.8 That the older people strategy and joint commissioning framework developed by the Older People Strategic Planning Group attached to this report as Appendix 3, be adopted as the commissioning framework against which the progress of the partnership will be assessed.
- 2.9 That the Older People Strategic Planning Group prioritise as part of their work plan the preparation of a strategy and commissioning framework to meet the needs of people with dementia in Dundee.
- 2.10 A report that assesses progress against the recommendations of the Multi Agency Inspection of Older People and the outcomes and targets identified in the commissioning framework, attached as Appendix 3 to this report, be submitted to Social Work and Health Committee annually.

3.0 FINANCIAL IMPLICATIONS

- 3.1 The commissioning intentions outlined in Appendix 3 to this report will be contained within existing revenue budgets including resource transfer arrangements from the health vote.

4.0 MAIN TEXT

4.1 Introduction

The scope, work plan and membership of the Older People Best Value Review Group is attached as Appendix 1 to this report. The review group included the recommendations of multi-agency inspection of services for older people in Tayside (Social Work Inspection Agency (2007) "collaborative working across services for older people in Tayside" HMSO), (the multi-agency inspection) in their consideration.

To reach conclusions and make recommendations the review group examined; demographic change and service demand, the organisation and development of care at home services, the balance of expenditure on older peoples services, governance arrangements, NHS Tayside's position on the future provision of older people's services in Dundee and proposals for a strategy and joint commissioning framework for Dundee. Evidence considered by the review group is included as Appendix 2 to this report.

4.2 Findings of the Review Group

4.2.1 Demographic Change

The review group found that although the population is declining, we could expect an increase in the percentage of older people in the community so the Dundee population is ageing; the greatest increase in both the percentage and numbers is the very old age group (over 85) which means there will be a more fragile elderly population many of whom will have dementia. The overall population decline suggests fewer carers are likely to be available to look after older people and those carers will require more support in their caring role than they get at present.

The needs of carers were assessed during 2007 and a strategy was prepared and published (Dundee Carer's Strategy, Dundee City Council, NHS Tayside, Dundee Carers Centre 2007). The strategy commits the partnership to recognising and

involving carers as equal partners, supporting carers in their caring role, increasing social inclusion and improving the health and well being of carers.

4.2.2 Pattern of Service Delivery

The review group examined information about the pattern of delayed discharge and demand for residential, home based care services and accommodation with care services. They also compared the pattern of service delivery in Dundee with 5 comparator authorities (North Ayrshire, North Lanarkshire, West Dumbartonshire, West Lothian and Inverclyde). The review group found:

- that there was increasing demand for care at home services and that the pattern of increase in provision was not keeping up with the demand particularly for intensive forms of care at home (more than 10 hours per week);
- there was a steady demand for residential forms of care;
- there was a growing need and demand for accommodation with care that provides more support than traditional sheltered housing;
- there was an increasing usage and provision of telecare supports (Community Alarm) and other practical supports in the home;
- carers required more support and more flexible forms of support;
- in comparison with Scotland and comparator authorities, Dundee was providing care home places around the midpoint range of comparator authorities and at the same level nationally; Dundee was providing a lower rate of home care than comparators and nationally, and 10+ hours of home care was lower than comparators and nationally;
- progress already made in meeting delayed discharge targets would not be continued without increased level of care at home services, more accommodation with care, maintenance of residential forms of care, an extension available to people returning home from hospital and more flexible forms of respite care for family carers.

The contract for social care was re-tendered during 2007 with the total social care hours available for letting raised by 1,700. The full effect of this increase in service on waiting times had not been experienced at the time of this report, but there was some indication that it was having an impact in that short and long term hospital delays showed a continuous decline from November 2007 - meeting national targets; the increase in clients awaiting care at home has steadied and begun to decline; the number of service users receiving care at home has increased and the number of service users receiving more than 10 hours of care has increased.

A project plan for the development of additional accommodation with care was developed during 2007 with consultation with service users and public undertaken during June 2008.

Approval for the development of Intermediate Care was confirmed by NHS Tayside and the procurement process to secure the accommodation was concluded.

4.2.3 Organisation and Development of Home Care Services

The review group heard how the home care service had developed and how the investment agreed in Committee Report 418-2006 Older People Service had been taken forward and had assisted in the development of the whole system. The review group concluded that:

- the model of service delivery was efficient and effective;

- that the quality of service provided by the Council and commissioned from others was good, and
- that planned re-modelling should be continued to ensure best use of the resources available throughout the system.

The Social Work Performance Inspection, (Social Work Inspection Agency 2007) confirmed high levels of motivation and job satisfaction with all staff including home care staff. The most recent Care Commission Inspection of March 2008 confirmed commitment to training and development by both the department and staff. The reletting of the social care contract was driven by standards and efficiency considerations.

Overall, the approach to continuous improvement found by the review group in March 2007 has been maintained.

4.2.4 Balance of Expenditure

The review group examined total council investment in social work services and between older people and other areas of social work expenditure using Grant Aided Expenditure (GAE) guidelines. Dundee was compared with comparator authorities. The review group found:

- the Social Work Department revenue budget exceeded GAE (by 4%) and that this was the case for two of the five comparator authorities;
- expenditure on children and families significantly exceeded the guideline figure (+64.5%) and that this was the case in all but one of the five comparator authorities;
- community care expenditure was below GAE for adults (-9%) and that this was the case for three of the five comparator authorities;
- that remaining social work services were below GAE (-32.0%) and that this was the case for four of five comparator authorities.

The Council and Community Health Partnership took account of the balance of expenditure on Older People and the requirement to monitor relative pressures carefully in their financial planning processes. Revenue investment in Intermediate Care was confirmed by NHS Tayside. Temporary funding provided by the council to deal with specific demand pressures was integrated in the Social Work Department revenue budget.

4.2.5 Multi-agency Inspection of Older People's Services

The review group considered the recommendations of the multi-agency inspection of services for older people. There were seven Tayside-wide recommendations and two specifically for Dundee.

The review group heard how the recommendations were being progressed and found that the requirements in recommendation 1 to develop and implement a Tayside-wide framework for older people's services with each partnership developing "a clear strategy including joint action plan, financial plan, timescale and commissioning plan which sets out how it will meet the need for local service development" was relevant to the work of the best value review and that the conclusions and recommendations should take specific account of this requirement.

Recommendation 1 for the Dundee partnership which required the Dundee partnership to "urgently collaborate on implementing a whole system approach at all levels of both organisations" was equally relevant to the work of the best value review and that the conclusions and recommendations should take specific account of this

requirement.

The review group also found that the Dundee partnership had prepared a local action plan as a contribution to the Tayside-wide action plan and progress was being made on all the other recommendations.

The review group noted the importance of monitoring repeat admission of Older People to acute care and that this was being incorporated into Joint Performance Management indicators.

During 2007 the Social Work Inspection Agency met with the Tayside-wide partnership to confirm progress on the action plan. Positive progress has been noted and the 2007 Social Work Performance Inspection confirmed this.

4.2.6 NHS Tayside's Position on Future Provision of Older People's Services in Dundee

The review group was advised of NHS Tayside's intention in relation to the future commissioning, provision and delivery of services for older people in Dundee.

The review group found that:

- there was commitment to resourcing the development of a Tayside-wide commissioning strategy for older people;
- there was commitment to further developing shift in provision from institutional to community based services;
- there was commitment to staff development;
- there was commitment to involving older people in service design and re-design; and
- there was agreement about the core indicators of performance;

NHS Tayside made progress with the development of Tayside wide strategy for Older People during 2007. Work was commissioned on good practice evidence, two major stakeholder events were held to confirm direction and priority and a framework and timescale was agreed for the commissioning strategy.

4.2.7 Joint Strategy Commissioning Framework for Older People in Dundee

The review group considered what should be included in a commissioning strategy for Dundee, how the commissioning strategy should be resourced, how progress towards the strategy should be monitored in the future and the current governance arrangements.

The review group found that:

- the commissioning framework should facilitate shift in the balance of care from institutional to community based services and that it should do this across the whole system of health and social care;
- the outcomes for older people should be that they keep more control over their own lives; that they should have access to a wider range of care and support in their own home and control over their own care; support and protection for older people should improve; that they should not have to remain in hospital longer than required; that their opportunities for health improvement should be improved and that access to universal services should be improved;
- the parameters of the commissioning strategy should meet the requirements of multi-agency inspection of older people; and
- the detail of the commissioning strategy should be as developed and agreed

through the workshops and activities co-ordinated through the Older People Strategic Planning Group;

- and that governance arrangements should support effective inter-agency monitoring of progress towards meeting outcomes and targets.

The Older People Strategic Planning Group which re-commenced in 2006 worked on a strategy and commissioning framework. The strategy and commissioning framework developed by the strategic planning group is included as Appendix 3 to this report. Work on the development of joint performance indicators has been progressed by the planning group.

4.3 **Conclusions and Recommendations**

4.3.1 **Demographic Change**

The review group concluded that the population trend combined with the morbidity of the older population will lead to increasing need for care, support and protection of older people.

Recommendation 1:

That the partners recognise in policy development and strategy that the Dundee population is ageing and give priority to adapting infrastructure and universal services to meet the needs of an ageing population.

4.3.2 **Pattern of Service Delivery**

The review group concluded that some progress had been made towards shifting the balance of care towards home based care since the Older People Report in June 2006 but there was evidence of increased demand and lengthening waiting list that were unlikely to reduce unless overall provision is increased. This position impacts on the partnerships ability to meet the needs and expectations of service users and their carers and to meet natural targets to shift the balance of care and to reduce delayed discharges and repeat admissions of older people to hospital.

Recommendation 2:

That the partnership prioritise investment in reducing the number of people waiting for care at home, providing an improved range and more respite care, developing additional accommodation with care, and in the development of intermediate forms of care that assist rehabilitation and prevent unnecessary admission and re-admission to hospital.

4.3.3 **Organisation and development of home care service**

The partnership concluded that care at home services are efficient and effective but there is insufficient service particularly at weekends and core times.

Recommendation 3:

That measures being taken to maintain efficient service delivery and service procurement be continued. The partners incrementally reduce the number of people waiting for care at home and increase the number of care hours available.

Recommendation 4:

The approach to development of care at home provision outlined in Report no 418-2006 Older People Services be continued to support the achievement of recommendation 3.

4.3.4 Balance of Expenditure

The review group concluded that although expenditure on Community Care was below GAE this position was similar to that of most benchmark authorities and had to be understood within the context of the need to ensure that vulnerable children are cared for and protected.

Recommendation 5:

The partnership support actions that ensure expenditure on older people reflects the ageing Dundee population and that opportunities are sought in the medium term to redress the balance in investment towards older people.

4.3.5 Multi-agency Inspection of Older People

The review group concluded that there should be improvements in the Dundee Partnerships whole system working and an improved joint strategy approach to address the conclusions and recommendations of the multi-agency inspection. The review group also concluded that work had begun immediately to address areas identified through the multi-agency inspection.

Recommendation 6:

The recommendation of the multi-agency inspection be taken forward through the implementation of a joint strategy and commissioning framework for older people in Dundee.

4.3.6 NHS Tayside's Position on the Future Provision of Older People's Services in Dundee

The review group concluded that there was commitment to the development of an integrated strategy and commissioning framework for the design and delivery of older people in Dundee and to using a joint performance management framework to monitor progress towards meeting the objectives and targets.

Recommendation 7:

That the current governance arrangements be assessed to ensure that progress towards meeting the objectives and targets are scrutinised.

4.3.7 Joint Commissioning Strategy for Older People

The review group concluded that there were agreed outcomes and objectives for a strategy and joint commissioning framework that would take account of the overall findings and recommendations of the review group and that the work progressed through the Dundee Older People Strategic Group that was presented to the review group evidenced this.

Recommendation 8:

That the older people Joint Strategy and Commissioning framework developed by the Older People Strategic Planning Group and attached to this report as appendix 3 be adopted as the commissioning framework against which the progress of the partnership will be assessed.

The review group also noted that the Health and Local Authority Management Team had identified the requirement for further strategic development to ensure that are plans in place to meet the future need of people with dementia.

Recommendation 9

That the Older People Strategic Planning Group prioritise as part of their work the preparation of a planning and commissioning framework to meet the needs of people with dementia in Dundee.

Recommendation 10

A report that assesses progress against the recommendations of the Multi Agency Inspection of Older People and the outcomes and targets identified in the commissioning framework attached as Appendix 3 to this report be submitted to the Social Work and Health Committee annually.

5.0 POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Sustainability, Strategic Environmental Assessment, Anti-Poverty, Equality Impact Assessment and Risk Management.

There are no major issues.

6.0 CONSULTATIONS

The Chief Executive, Depute Chief Executive (Support Services), Depute chief Executive (Finance) and Head of Finance.

7.0 BACKGROUND PAPERS

None.

Alan G Baird
Director of Social Work

Date:

APPENDIX 1

TERMS OF REFERENCE PAPER

REVIEW TOPIC	Services for Older People
LEAD OFFICER	Alex Stephen

1	Scope of the Review
	<ol style="list-style-type: none">1. To examine demographic change in Dundee's older population and the effect on older peoples services.2. To examine care at home services within Dundee.3. To review waiting lists and waiting times for older peoples services. <p>To formalise the joint commissioning strategy and agree an outline financial framework.</p>

2	Proposed Work plan
	<ol style="list-style-type: none">1. Presentation from Social Work Department on demographic changes.2. Presentation on waiting lists and targets.3. Presentation from Social Work Department on current "care at home" services and any proposed changes.4. Presentation from Depute Chief Executive (Finance) on GAE for Older Peoples Service and Revenue Support Grant "floor" as it affects Dundee. <p>Presentation on joint working/governance arrangements with health, including</p>

	commissioning framework and business plan to support it.
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3	Group Membership
	<p><i>Alex Stephen - Chair</i></p> <p>Elected Members - Administration x 3, SNP x 2, Conservative x 1</p> <p>Director of Social Work (+ 2 Managers from Social Work)</p> <p>Depute Chief Executive (Finance)</p> <p>Director of Leisure and Communities</p> <p>NHS Tayside</p> <ul style="list-style-type: none"> • Director of Health Strategy • General Manager, Dundee Community Health Partnership <p>Voluntary bodies representing older people</p> <ul style="list-style-type: none"> • Age Concern • Carers Centre • Celebrate Age Network • Crossroads <p>Trade Unions</p> <ul style="list-style-type: none"> • UNISON • GMB <p>Clerk - Committee Services</p>

APPENDIX 2

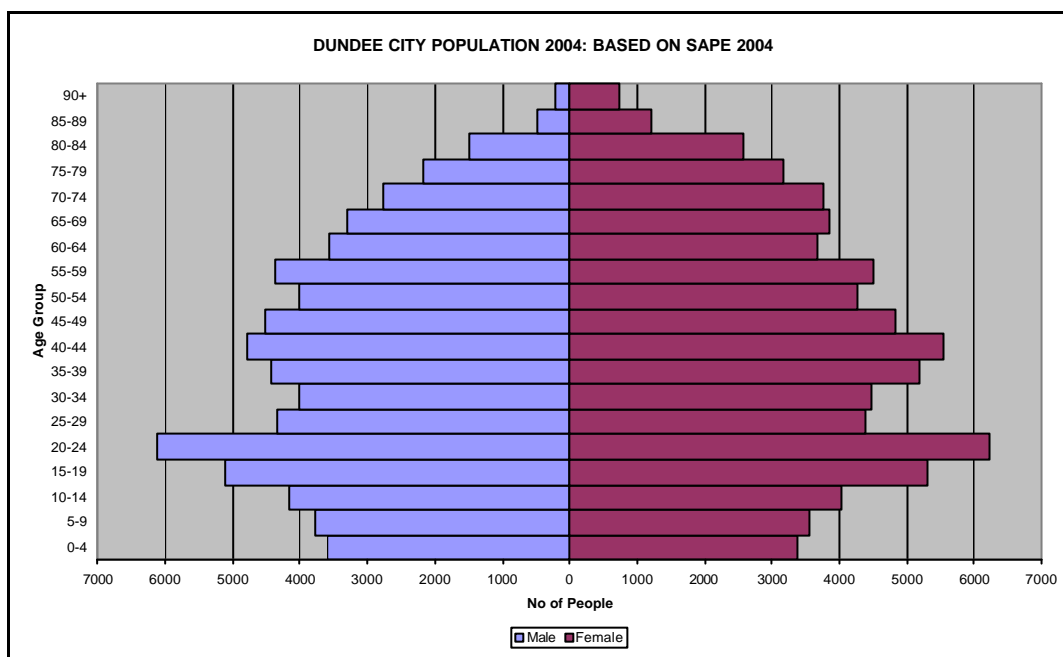
EVIDENCE CONSIDERED BY THE OLDER PEOPLE BEST VALUE REVIEW GROUP

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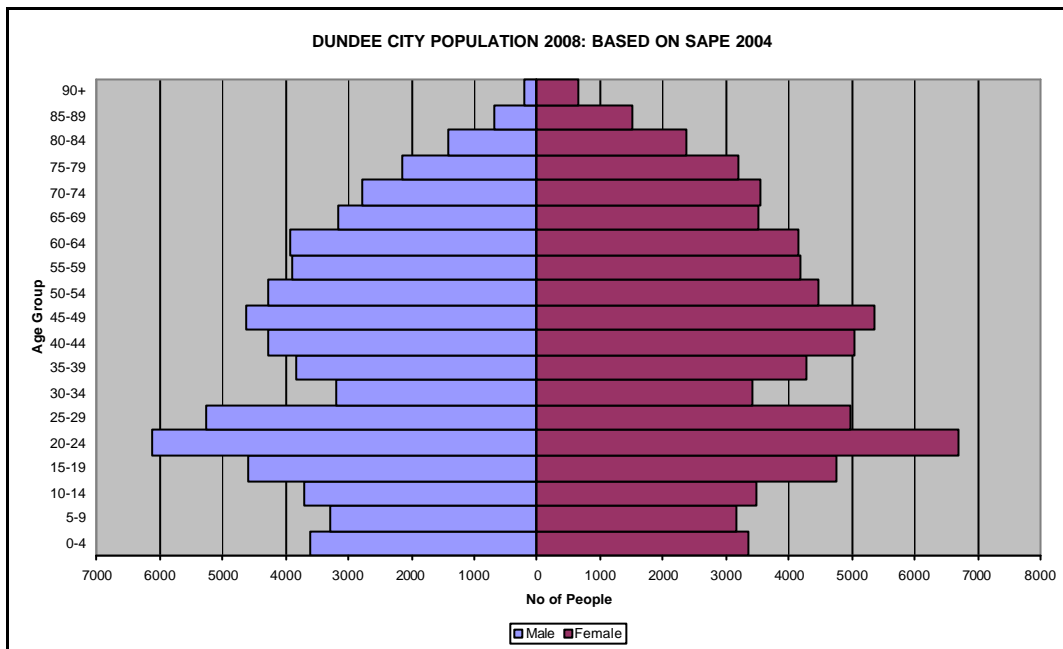
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Figure 1 - Dundee City Population 2004

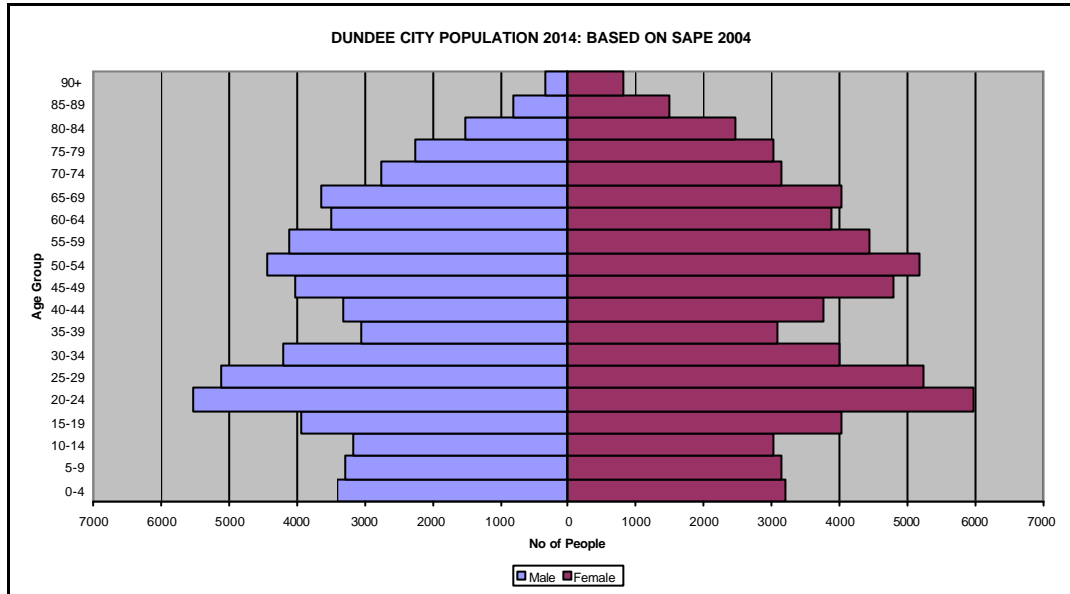
Source: GRO (Scotland) 2004 Based Population Projections

Figure 2 - Dundee City Population Projection 2008



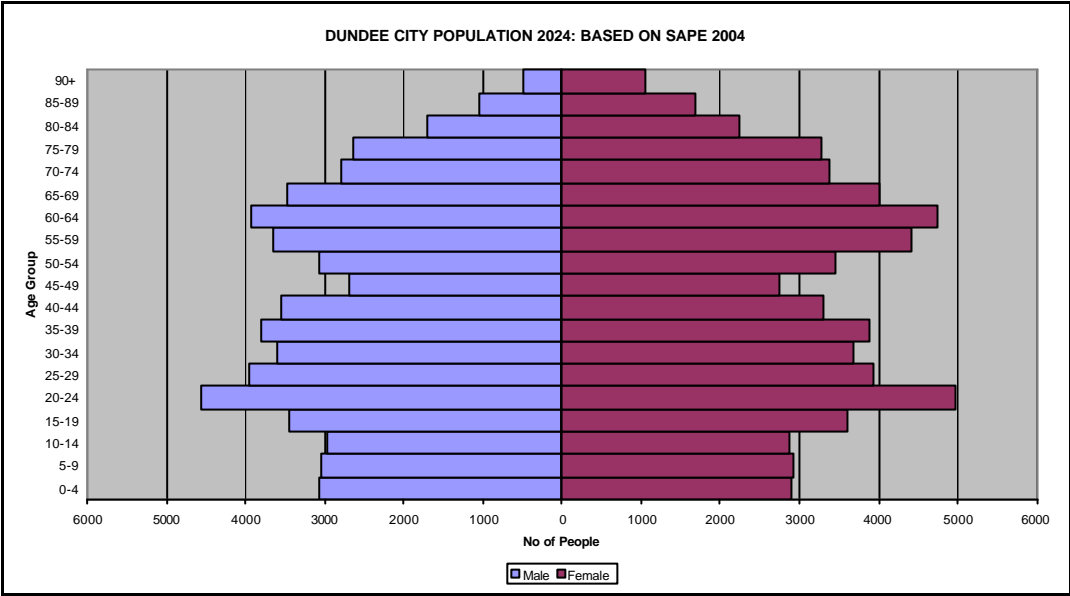
Source: GRO (Scotland) 2004 Based Population Projections

Figure 3 - Dundee City Population Projection 2014



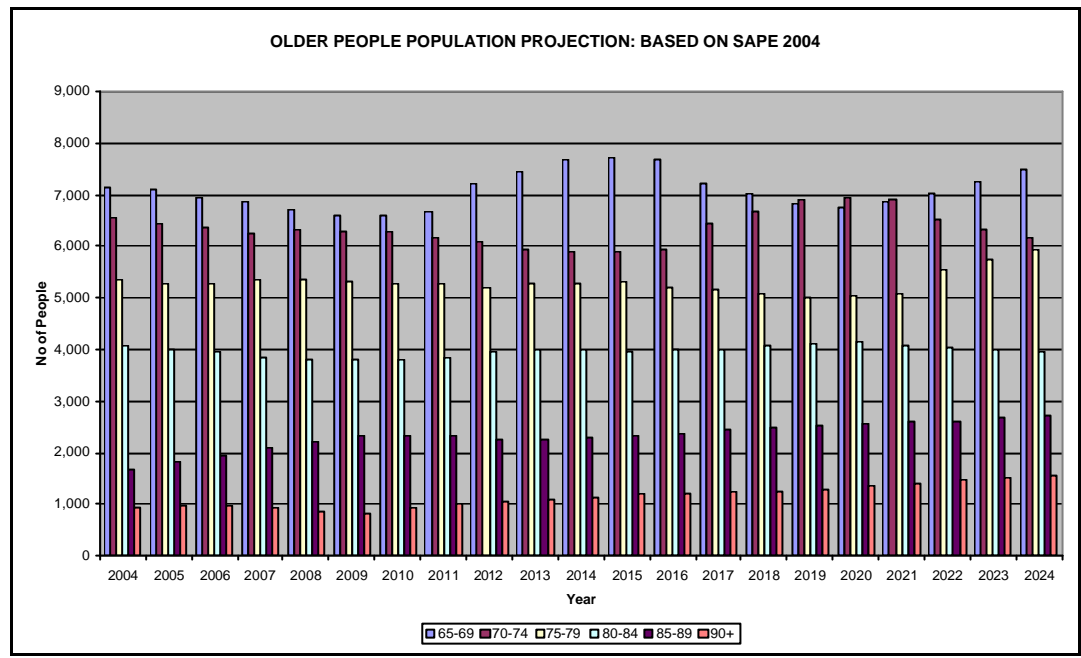
Source: GRO (Scotland) 2004 Based Population Projections

Figure 4 - Dundee City Population Projection 2024



Source: GRO (Scotland) 2004 Based Population Projections

Figure 5 - Older People Population Projection 2004 to 2024



Source: GRO (Scotland) 2004 Based Population Projections

Figure 6 - Ethnicity Information

ETHNICITY	Dundee	Scotland
	%	%
White	96.34	97.99
Black	0.26	0.16
Indian	0.7	0.30
Pakistani/Asian	1.63	0.79
Chinese	0.48	0.32
Other	0.59	0.44

Source: GRO 2001 Census data

Figure 7 - Living Arrangements

Source: GRO 2001 Census data

HOUSEHOLDS	Dundee	Scotland
	%	%
1 person	38.3	32.9
2 people	31.9	33.1
3-4 people	25.1	28.5
5+ people	4.7	5.6
Ave household size	2.13	2.27

Source: GRO 2001 Census data

Figure 8 - Tenure

HOUSEHOLDS	Dundee	Scotland
	%	%
Owner Occupied	53.6	62.6
Local Authority	24.0	21.6
Housing Association	7.8	5.6
Private Rented	9.6	5.6
Other	5.0	4.6

Source: GRO 2001 Census data

Figure 9 - Older People Living in Sheltered Housing

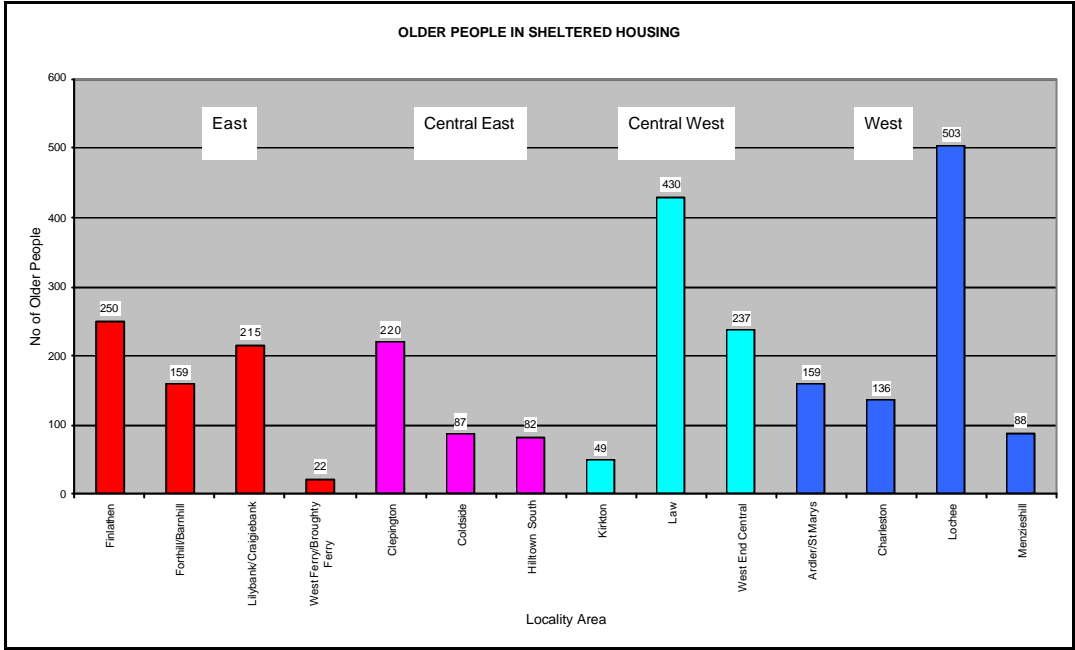
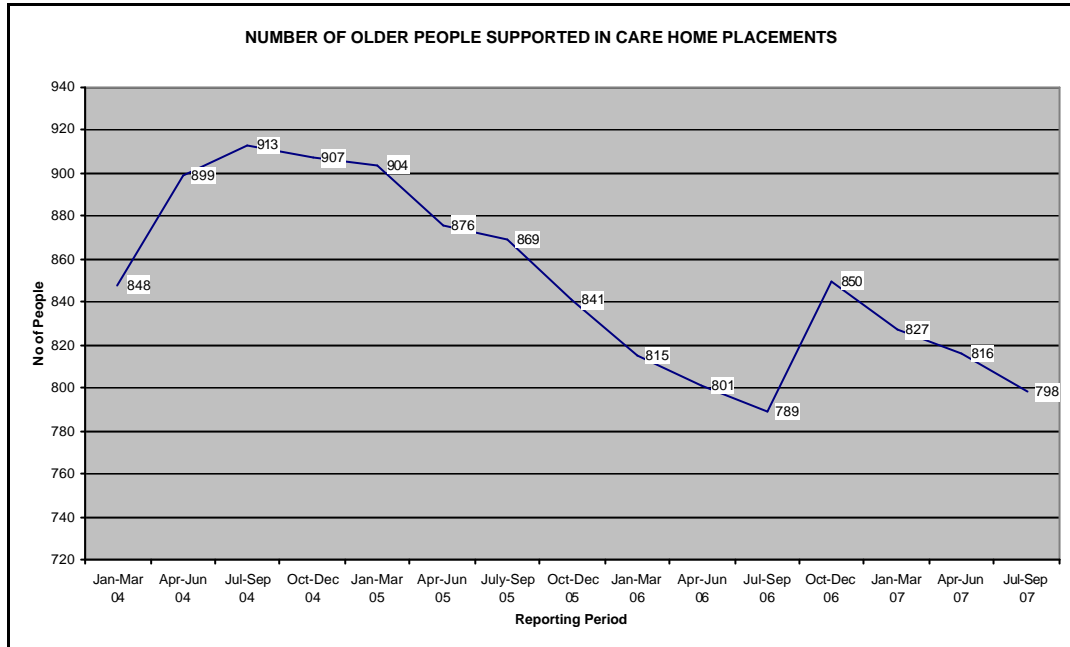
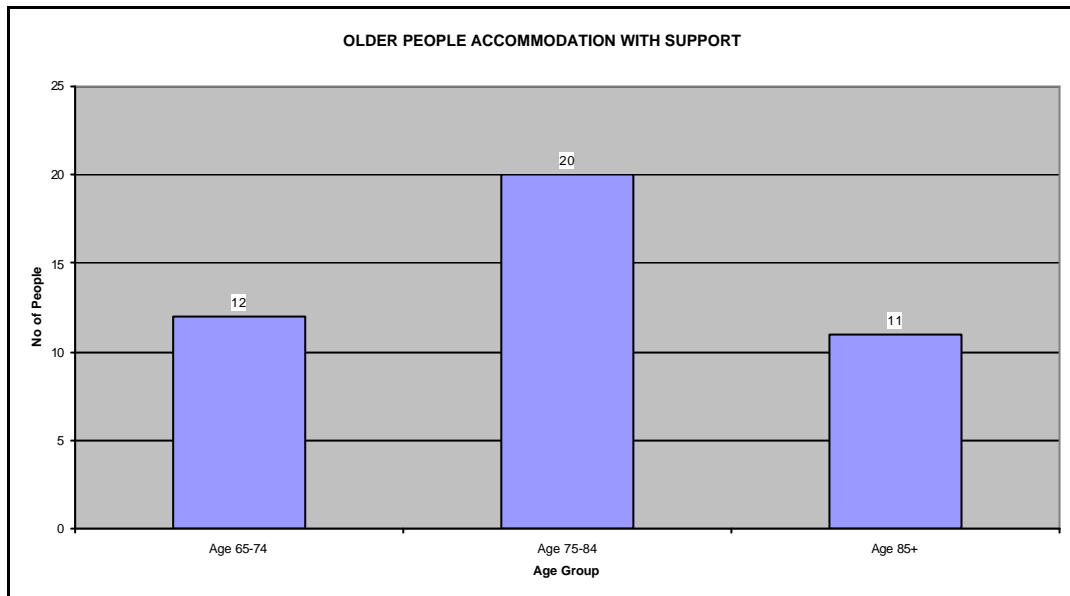


Figure 10 - Older People Living in Care Homes



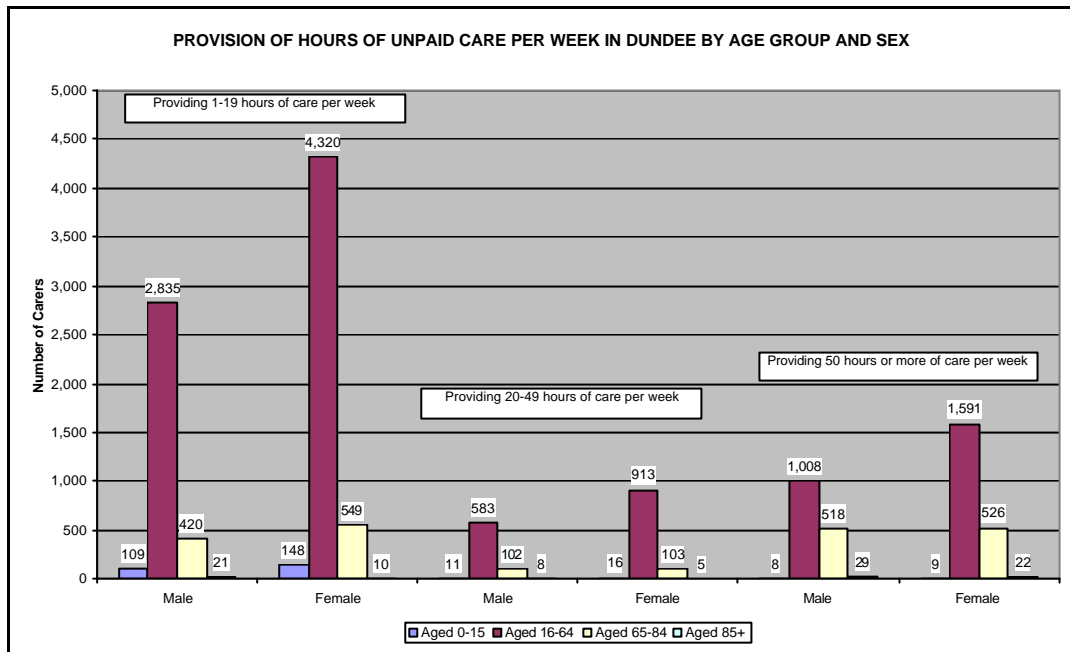
Source: Scottish Executive - key monitoring information quarterly returns

Figure 11 - Older People Living in Accommodation with Support

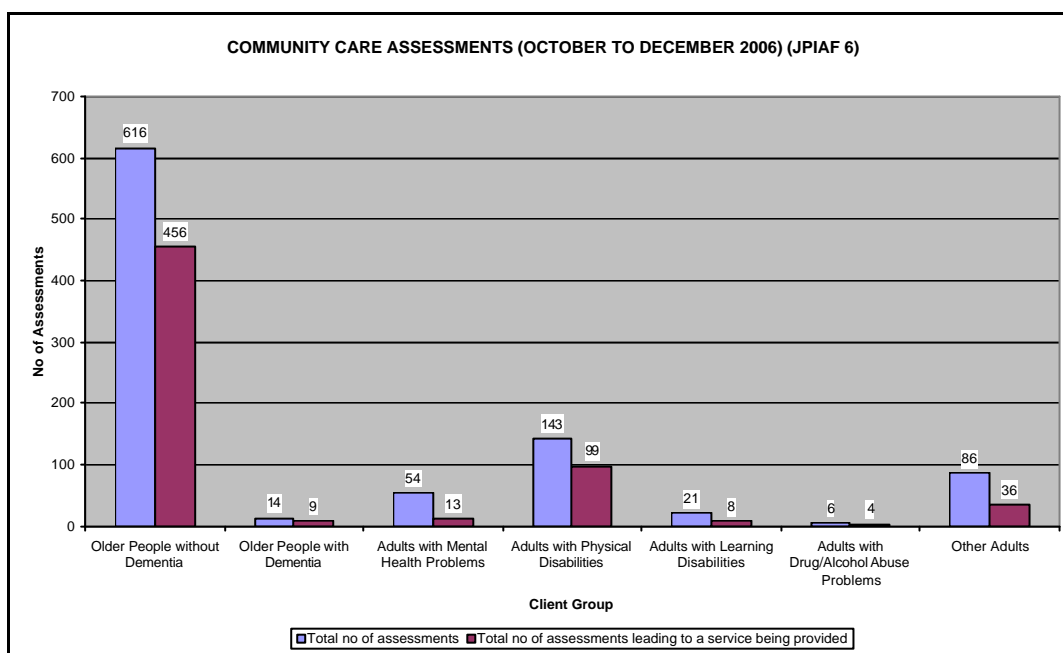


Source: K2 - client database

Figure 12 - Provision of Unpaid Care per Week in Dundee



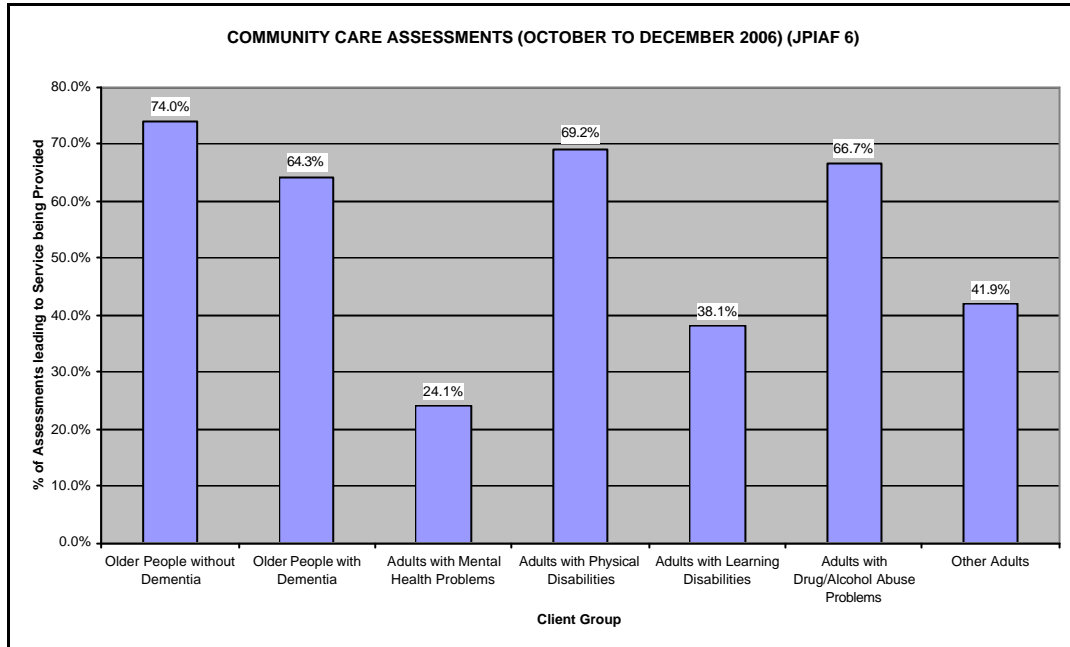
Source: 2001 Census - data supplied by SCROL

Figure 13 - Community Care Assessments Resulting in Service Provision

Source: Scottish Executive - Joint Performance Information and Assessment Framework

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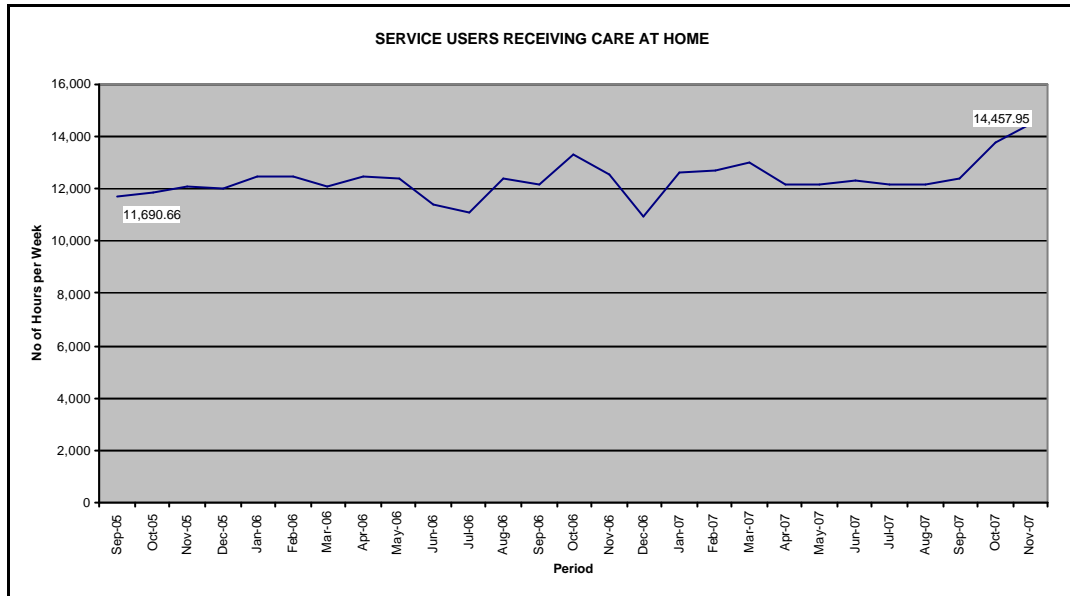
Figure 14 - Community Care Assessments Resulting in Service Provision (%)



Source: Scottish Executive - Joint Performance Information and Assessment Framework

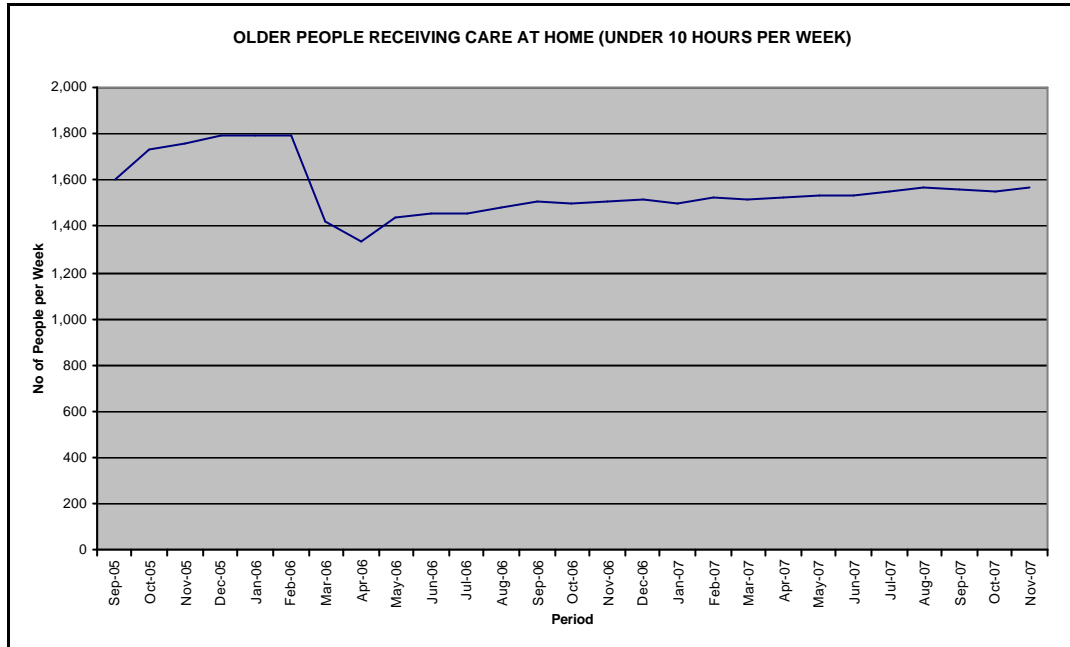
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Figure 15 - Service Users Receiving Care at Home



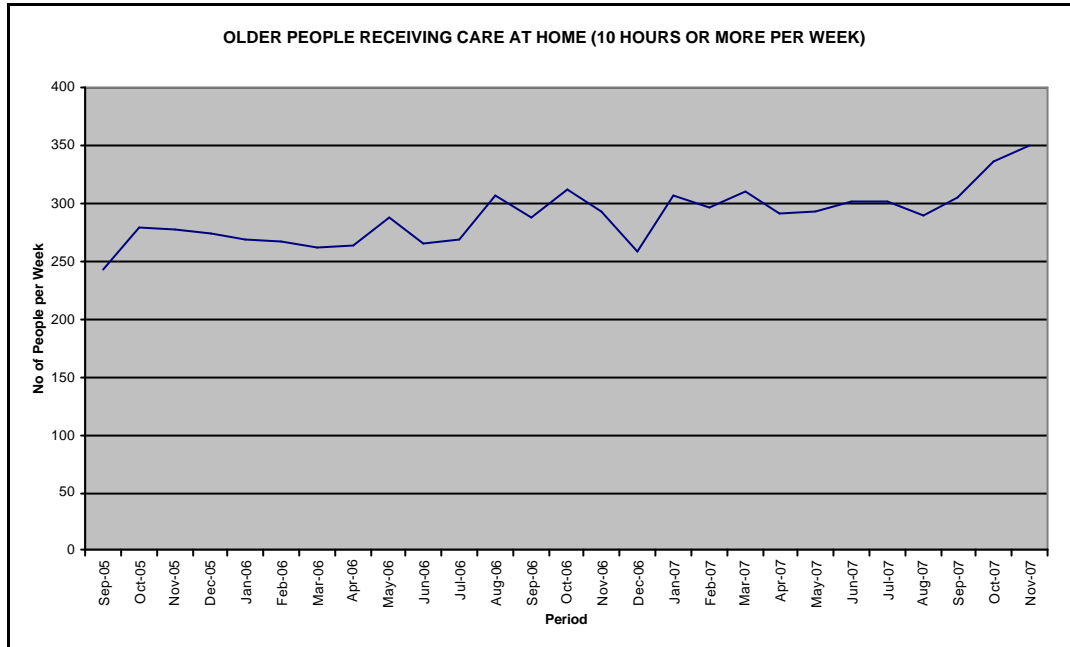
Source: Home Care monthly reporting information

Figure 16 - Service Users Receiving Under 10 Hours per Week



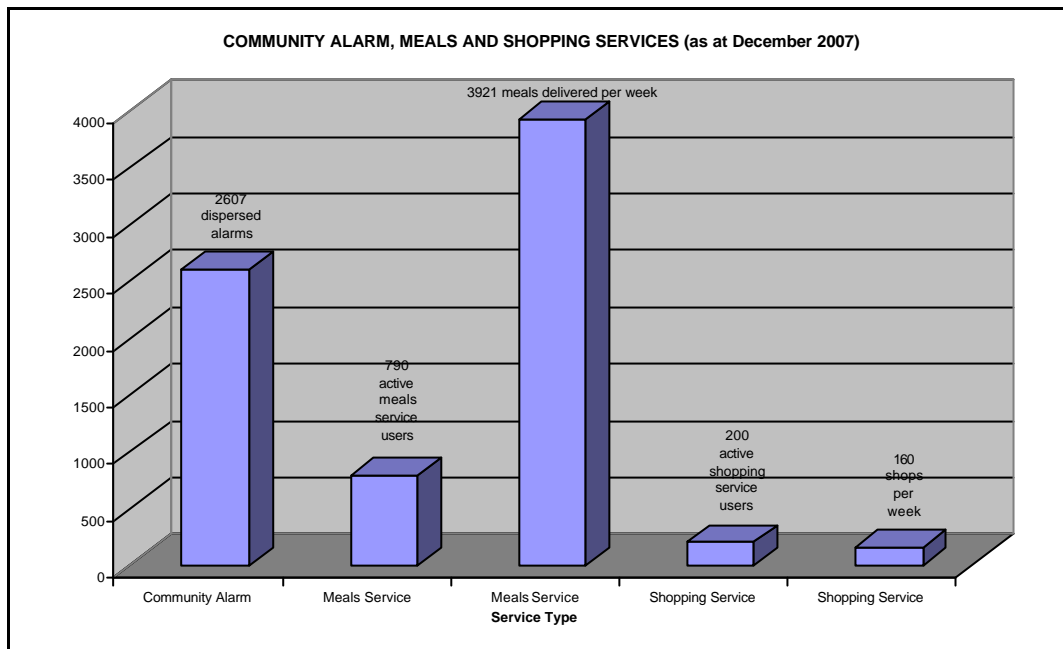
Source: Home Care monthly reporting information

Figure 17 - Service Users Receiving 10 Hours or More per Week

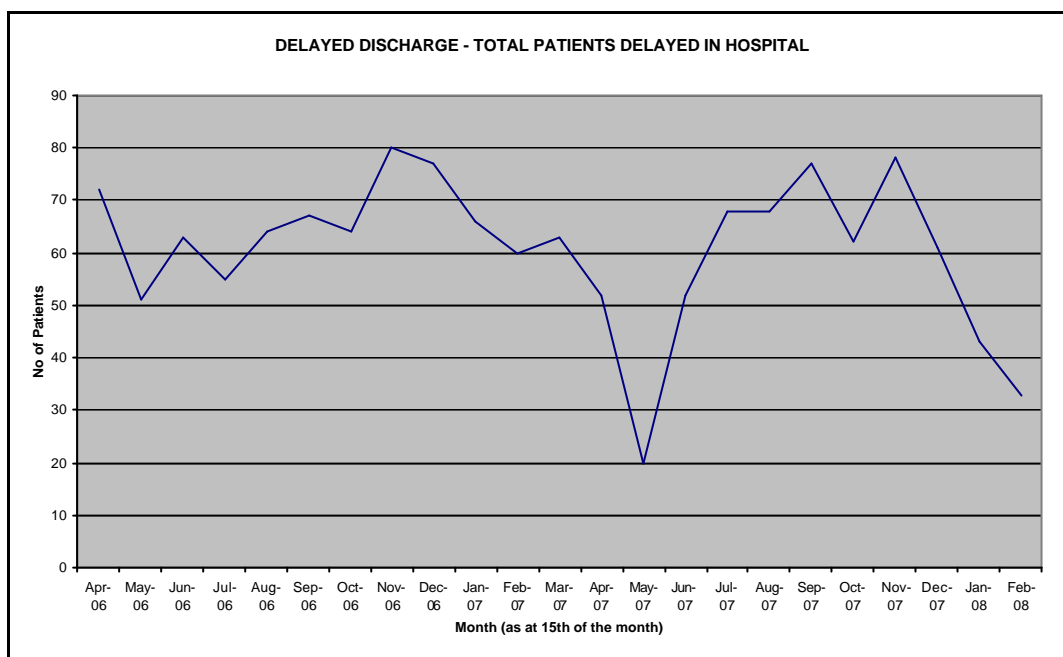


Source: Home Care monthly reporting information

Figure 18 - Service Users Receiving Other Support Services

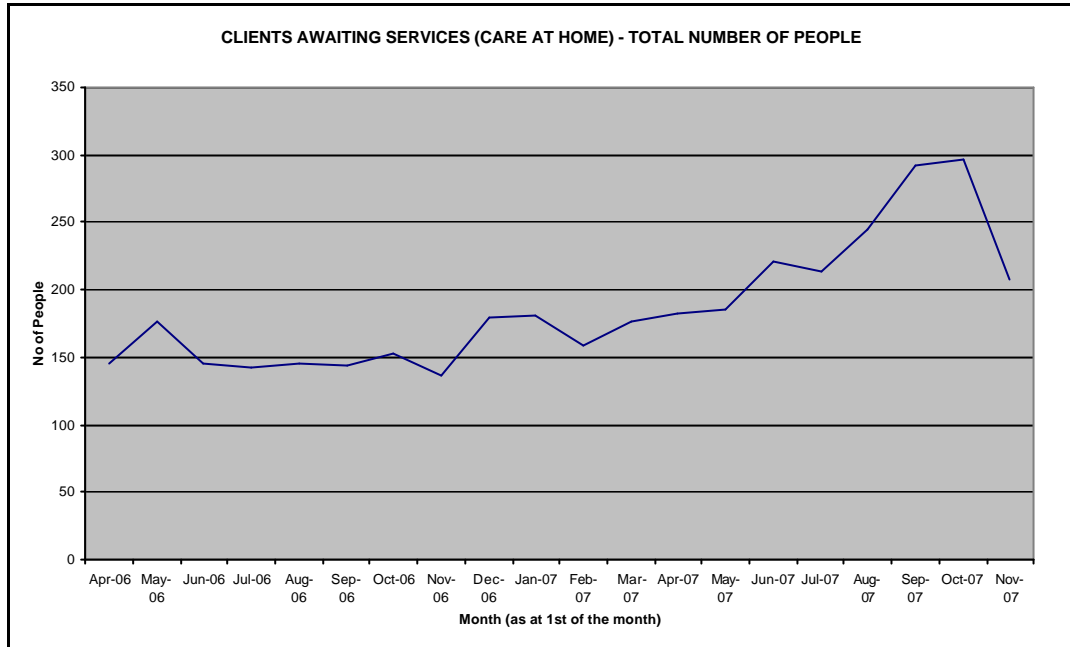


Source: Client databases

Figure 19 - Patients Delayed in Hospital

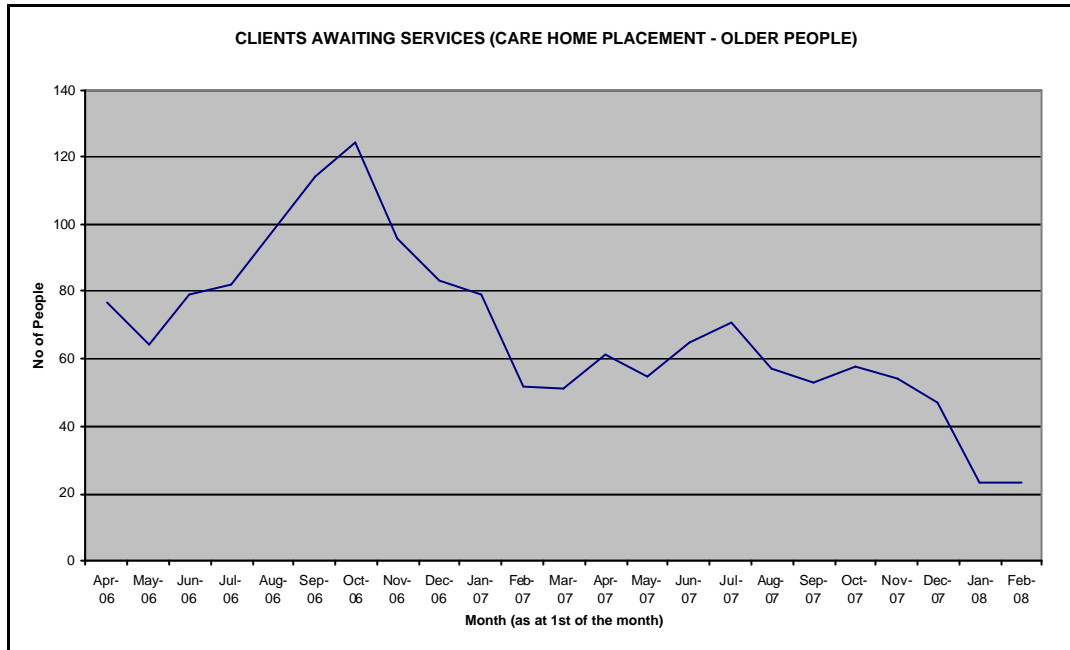
Source: Delayed discharge monitoring information

Figure 20 - Clients Awaiting Care at Home Services



Source: Clients Awaiting Services - monthly monitoring information

Figure 21 - Clients Awaiting Care Home Placement



Source: Clients Awaiting Services - monthly monitoring information

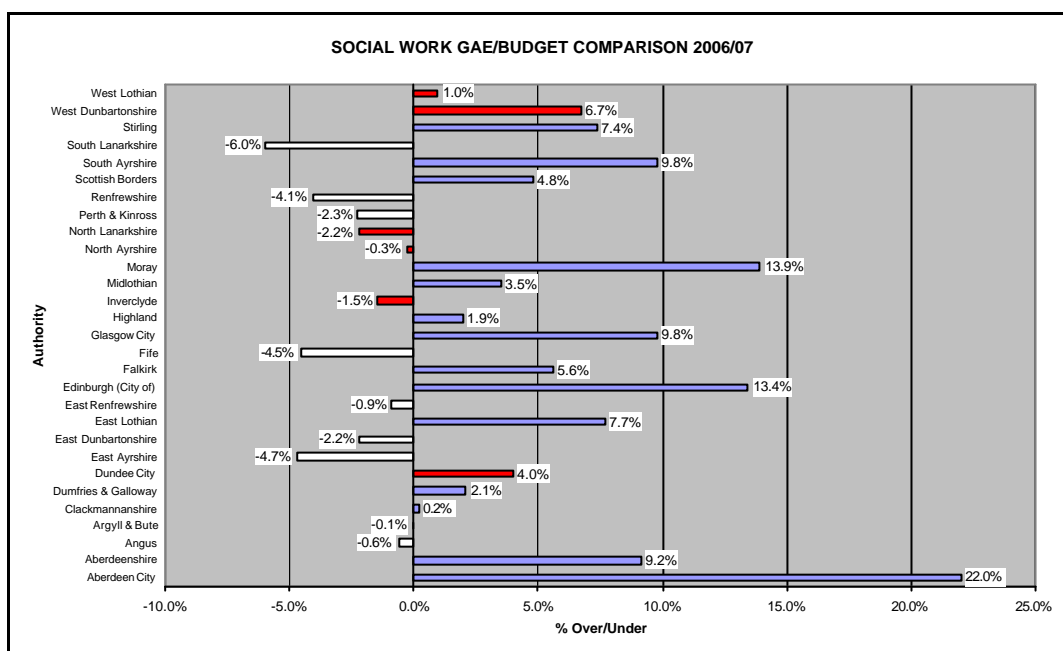
Figure 22 - Local Authority Social Work GAE/Budget Comparison 2006/07

Figure 23 - Dundee City Council Social Work GAE/Budget Comparison 2006/07 (Client Groups)

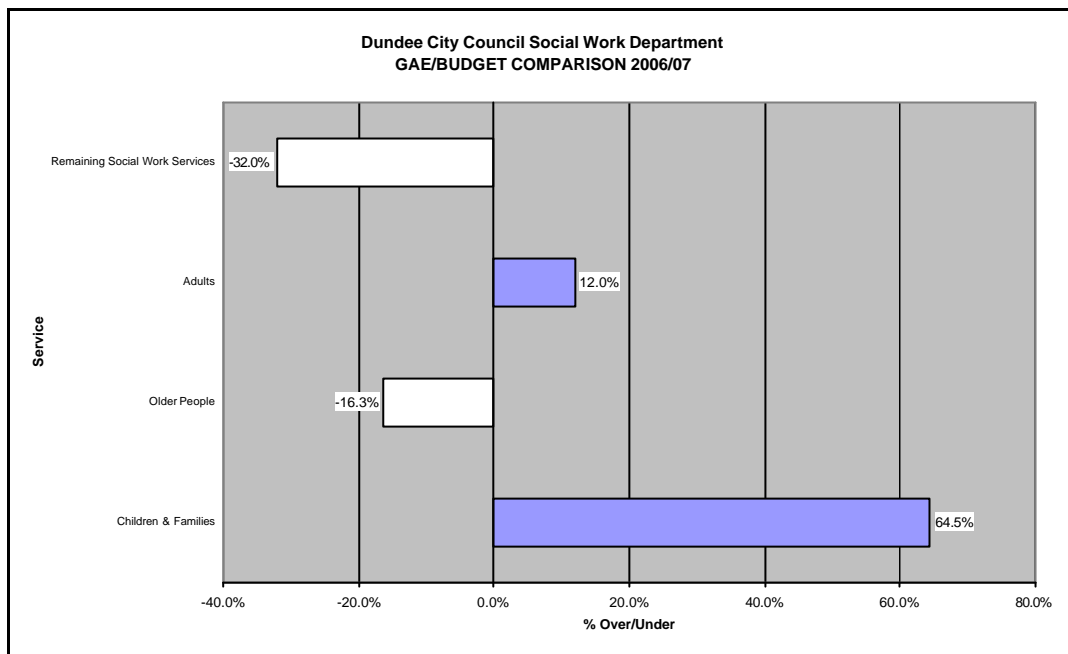


Figure 24 - Dundee City Council Social Work GAE/Budget Comparison 2006/07 (Service Areas)

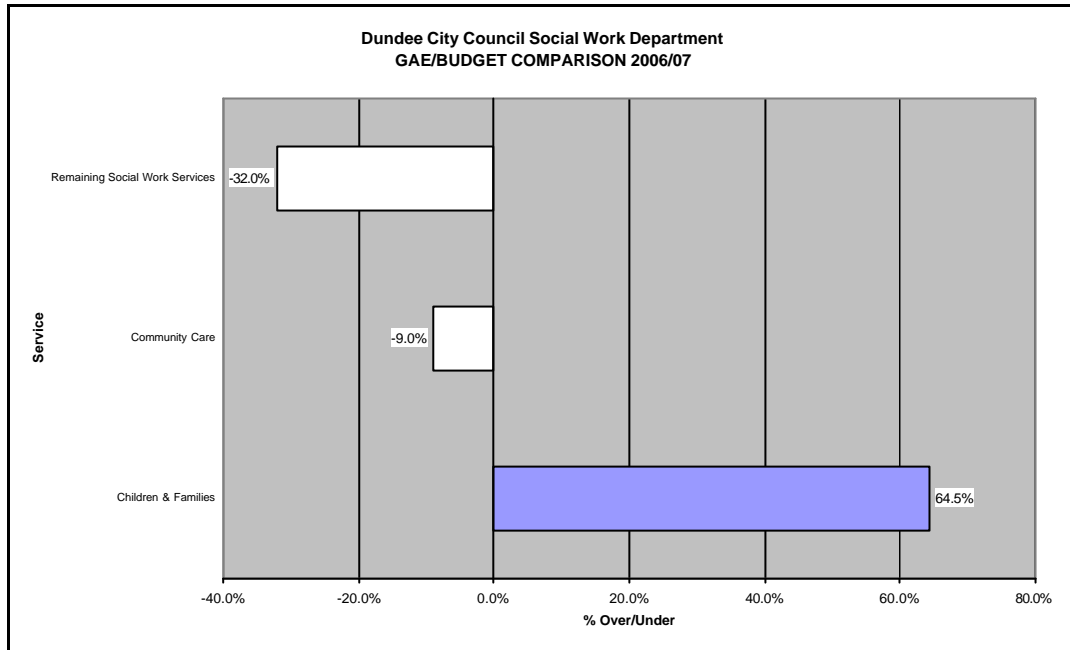


Figure 25 - Scottish Executive Grant Funding/Budget Comparison 2006/07 (Client Groups)

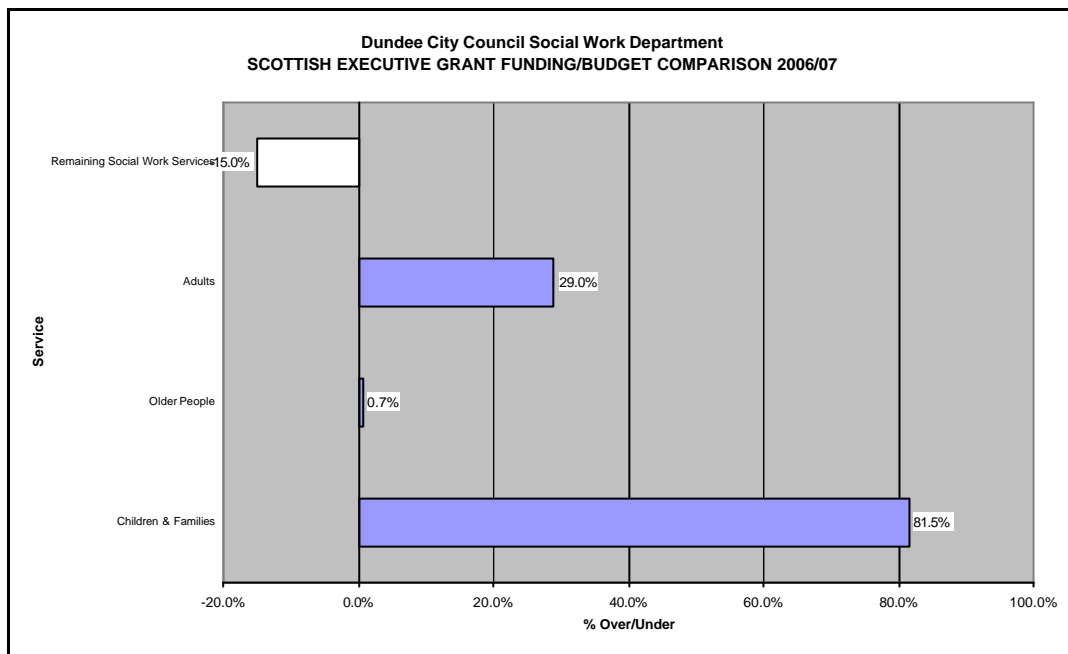


Figure 26 - Social Work GAE/Budget Comparison 2006/07 - Children & Families

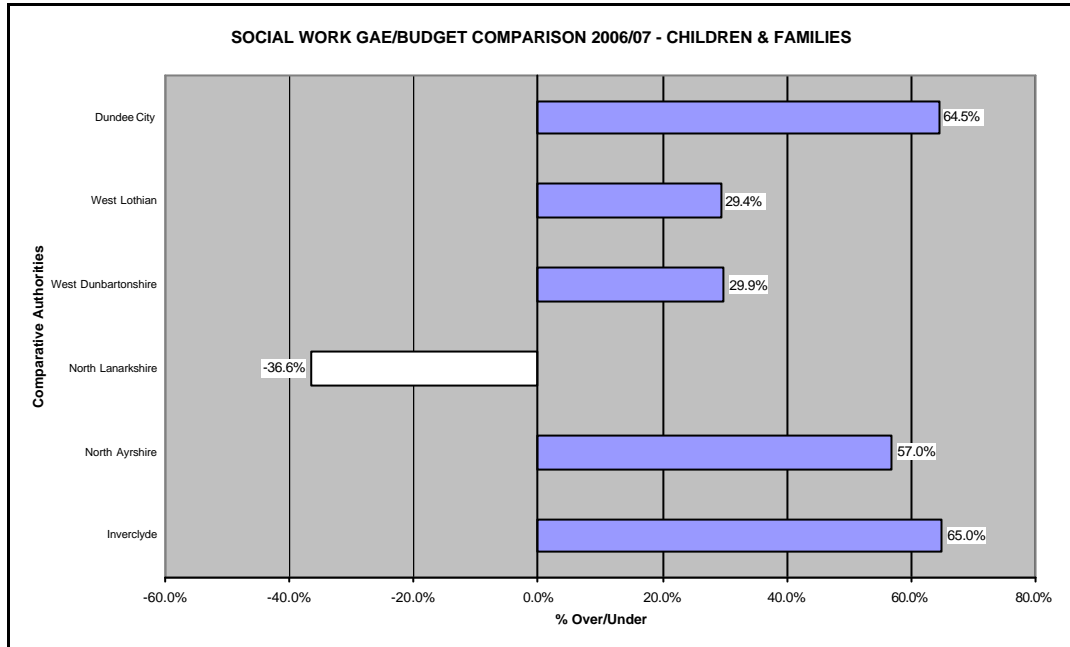


Figure 27 - Social Work GAE/Budget Comparison 2006/07 - Community Care

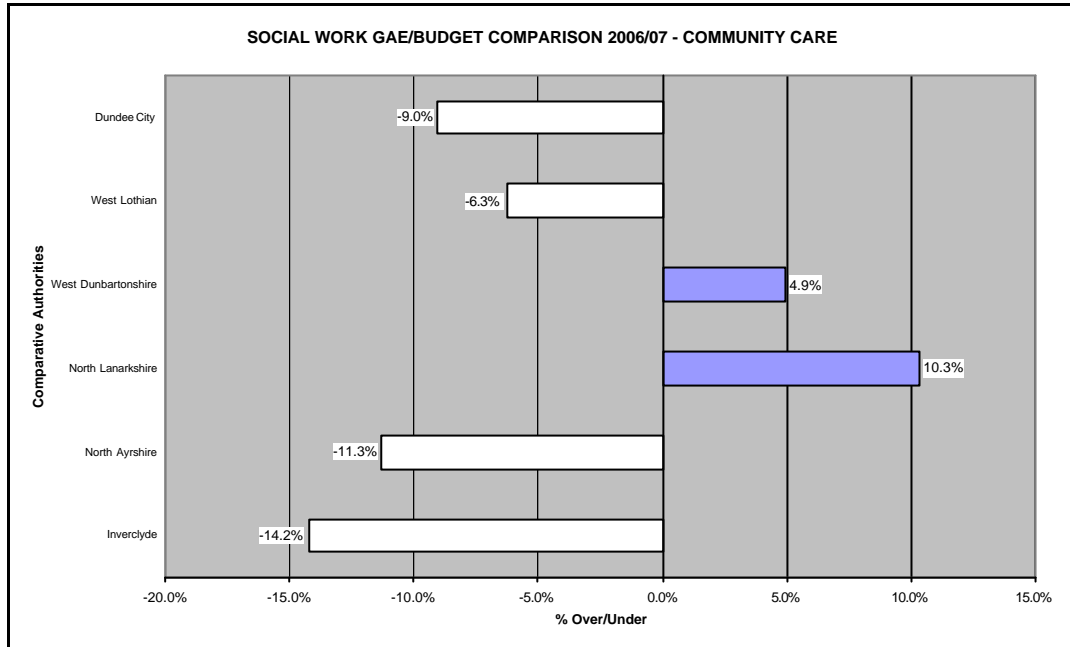


Figure 28 - Social Work GAE/Budget Comparison 2006/07 - Remaining Social Work Services

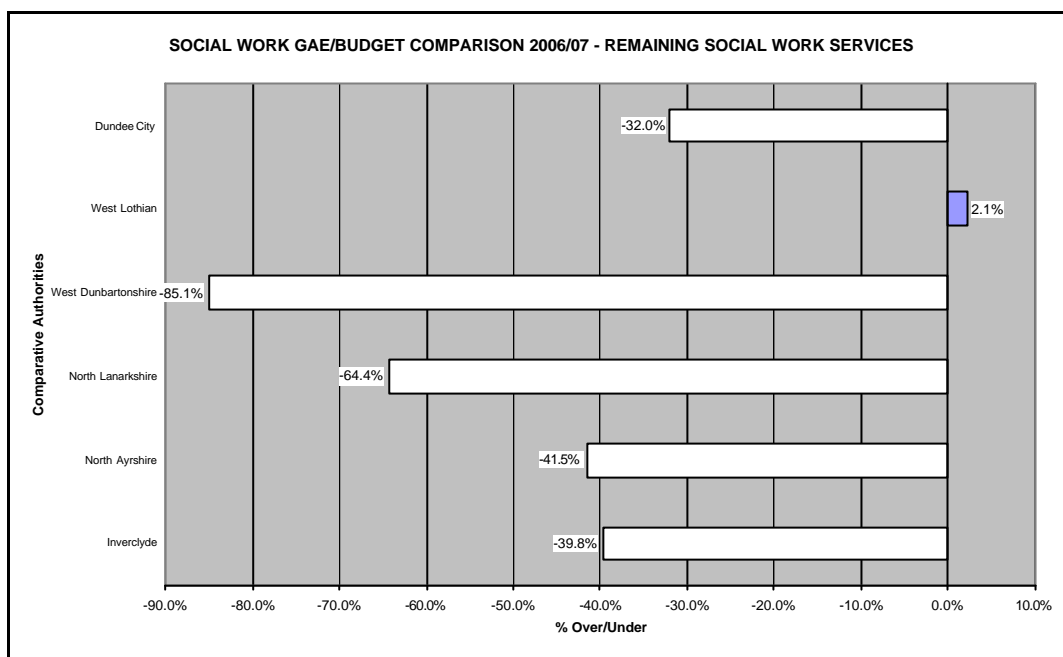
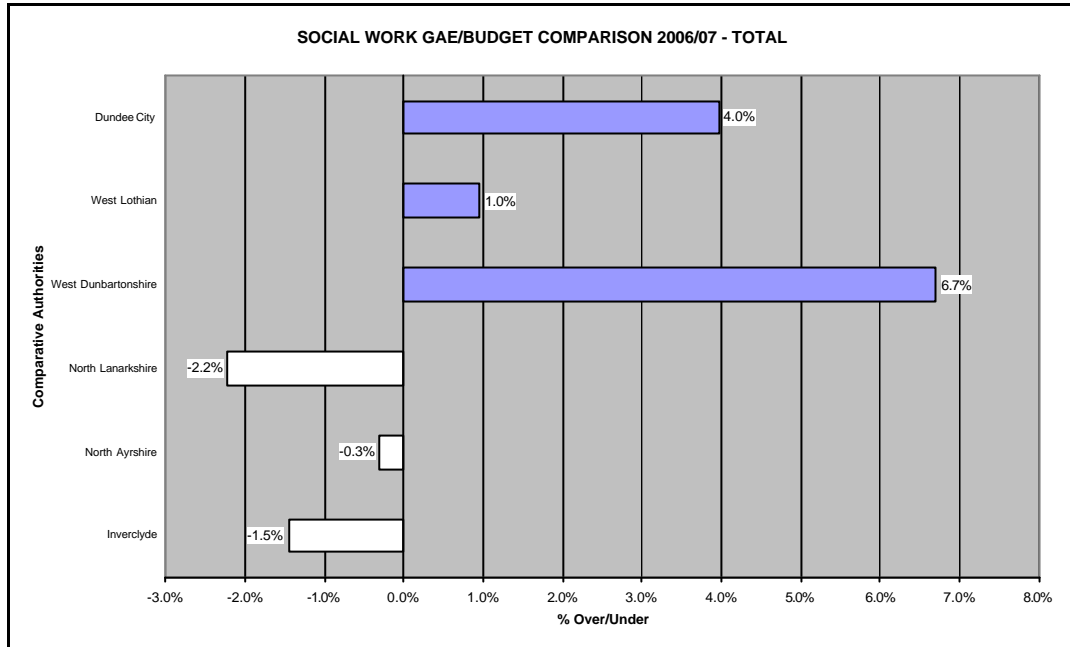


Figure 29 - Social Work GAE/Budget Comparison 2006/07 - Total



Comparison with 5 other local authorities

- The budget for older people is slightly higher rate than Scotland, but lower than 3 comparators
- We purchase or provide care home places around the midpoint rate of comparators and same level nationally
- At the 6 month census period in 2005 we were funding new placements around the comparator midpoint and the same level nationally
- Average length of stay for long stay residents is similar to Scotland but varied in comparison to comparators
- Lower rate of hours home care than comparators and nationally
- 10+ hours of home care is very much lower than comparators and nationally

APPENDIX 3

DUNDEE OLDER PEOPLE JOINT STRATEGY AND COMMISSIONING FRAMEWORK 2008-2011

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INTRODUCTION

Our strategy for older people is based on a whole systems understanding of the interrelationship between the services and support that older people receive. Getting the right mix, quality and scale of services will not only meet the wishes and best interests of older people but also meet the national and local policy intention of rebalancing care between community services (social care, health care and housing) and both acute hospital services and care home/NHS continuing care provision.

STRATEGIC DIRECTION

The Joint Commissioning Framework outlined in this report will help us to fulfil our strategic objectives for older people, which are to:

- 1 Support, protect and improve the health of older people;
- 2 Shift the balance of care across the whole system of health and social care;
- 3 Provide older people with access to a wide range of care and support;
- 4 Prevent inappropriate admissions to hospital;
- 5 Facilitate timely discharge from hospital; and
- 6 Enable older people to keep control over their own lives.

RESOURCE FRAMEWORK

The costs of some of these services will be met through resource transfer from existing institutional services. Specifically, we will redesign Medicine for the Elderly Services and reduce continuing care beds, and reduce care home placements. We will redirect funding to increase intensive home care packages, respite services and accommodation with care.

However, in order to meet our delayed discharge targets in the short term we will increase the number of care home placements from 12 to 16 per month until the end of March 2009. After that we will review the impact of the intermediate care facility and look to reduce care home placements.

OUR STRATEGIC PROMISES

The strategic planning group held a development day to explore the outcomes for older people in Dundee. The following promises were seen to best set out the themes for our strategic plan.

- We will work with you to develop the services that you require.
- As a carer you will be supported fully and involved.
- We will work with you to keep you healthy and free from harm.
- You and your carer will receive support and care to promote your sense of well being and help maintain your mental health.
- You will have accommodation which meets your needs.
- You will receive the care and support you require in the setting most appropriate to your needs.
- You will work with you and your carers to deliver any medical care at the right time and close to home.

DUNDEE OLDER PEOPLE JOINT STRATEGY

Our Strategic Promise 1

We will work with you to develop the services that you require.

What progress have we made so far?

- We are developing an effective communication framework which includes strategies for using public information to improve public accessibility and customer choice.
- An independent forum of older people, the Celebrate Age Network (CAN) Forum has been established.
- We have put in place a Self Directed Support Scheme (Direct Payment) for all service users and older people have accessed this to arrange their own service provision.
- We have developed a range of participation and involvement policies and strategies across Health, Social Work and Housing services.
- We have undertaken meals tasting opportunities to widen the groups of older people making use of this service and to ensure quality control.
- We have consulted on accommodation preferences.
- We have undertaken a user's survey of care at home services.

What actions are planned?

- The Housing Department will develop an involvement strategy for sheltered housing users.
- We will work in partnership with older people to develop a consultation and involvement strategy, action plan and monitoring.
- We will act on the information gained through consultation.
- A directory of services will be made available on Dundee City Council's website which will include information on service eligibility criteria.
- We will develop self assessment for individual use.
- We will establish an advocacy resource for older people.
- We will increase the number of older people utilising the Self Directed Support Scheme to manage their care and support needs.
- We will work with groups of older people with specific cultural and nutritional needs to provide a range of quality, appropriate meals, provided in a range of settings.
- We will work with the Bharatiya Ashram organisation to develop a cultural centre to provide opportunities for improving social, health and mental wellbeing.

What are our long term objectives?

- We will have established a wider network of older people wishing to be involved.
- We will adopt a range of approaches to consultation and involvement which reflect the diverse needs of older people in Dundee.
- We will work with older people to assist them in identifying their priorities.
- We will move from a system of professional assessment and application of eligibility criteria to a system where there is a greater emphasis on self assessment and entitlement.

Our Strategic Promise 2

As a carer you will be supported fully and involved.

What progress have we made so far?

- A Carers' Consultation Strategy has been agreed.
- We have published our carer's strategy that sets out the actions we will take to ensure carers are recognised, informed, involved and supported in their caring role.
- We have audited carers' assessments and identified unmet need in the range and provision of support for carers.
- We have set targets for the uptake of carers' assessments and an increase in the range and volume of respite services.
- A review of respite provision has been undertaken and we have increased the hours of provision of respite care at home.

What actions are planned?

- A Carers' Partnership will be established to ensure that carers have a greater say in joint planning and service provision.
- We will implement the actions set out in the Carers' Strategy and the Carers' Consultation Plan.
- We will carry out an audit of carers' information leaflets with a view to improving the range available.
- We will review the funding of support services for carers, and, in particular, consider the local provision of sitter type services and short breaks/respite care.
- We will increase respite care provision within Local Authority care homes.
- We will increase respite beds within the private care home sector.
- We will review the current carers' assessment processes to make this more accessible, with links between assessment and support more transparent.

What are our long term objectives?

- We will have a system of assessment and care planning which ensures that carers will feel involved as an equal partner in planning for and supporting the person they care for.
- We will have a range of support services which meets the emotional, physical and social needs of carers.

Our Strategic Promise 3

We will work with you to keep you healthy and free from harm.

What progress have we made so far?

- We have developed a long-term conditions strategy and action plan.
- We have piloted case management.
- A Best Value Review of Occupational Therapy Services has been completed.
- We have completed the new joint Community Equipment Store and Dundee Independent Living and Community Equipment Centre.
- We have agreed a local integrated falls strategy.
- We have invested in preventative services and rehabilitation awareness is promoted in the home care staff induction programme.
- Funding continues to be given to the Older People Engaging Needs (OPEN) project, which supports older people to engage in activities that maintain physical, emotional and mental well being and promote social inclusion.
- We have introduced a handyman service which provides home safety checks in partnership with Care & Repair, Energy Efficiency and Tayside Fire Brigade.
- We have a well established meals service.
- We have a jointly agreed Adult Protection framework.

What actions are planned?

- We will implement the long-term conditions action plan and work towards enabling older people to self manage their conditions.
- We will develop Local Care Centres for Dundee to improve access to health and social care services for our communities.
- We will continue work to redesign and configure community health services including out of hours responses.
- We will develop a community medication administration policy and introduce a model of assisting with medication in the community.
- We will implement the falls strategy and provide training for falls prevention across health and local authority services.
- We will develop programmes of support to encourage and enable older people to maintain healthy lifestyles choices, such as stopping smoking and reducing alcohol intake.
- We will explore options for peer speaking and health coaching with local older people's groups.
- We will maintain our level of practical and low level supports.
- We will continue to fund the OPEN project.
- We will revise information for the public about Occupational Therapy Services.
- We will heighten awareness of equipment issues through the Independent

Living Centre.

- We will extend the range of equipment provision to support safe practice in domiciliary care and respond to issues raised.
- We will review all care provision of over 14 hours per week to ensure all equipment and adaptation options are considered.
- We will increase the deployment of equipment year on year.
- We will develop a review team to review the needs of older people in care home settings.
- We will develop enabler services to improve the social networking opportunities for older people.

What are our long term objectives?

- We will have effective community health services in response to needs of older people in Dundee.
- We will work alongside older people to develop person centred planning which enables individuals to maintain their chosen range of activities and hobbies.
- We will have a culture which seeks out opportunities for 'brief interventions' to bring about health improvements.

Our Strategic Promise 4

You and your carer will receive support and care to promote your sense of well being and help maintain your mental health.

What progress have we made so far?

- A multi-disciplinary Community Mental Health Team for older people has been introduced and is based in localities.
- We have a dedicated team of social care workers supporting older people with mental health problems.
- In partnership with Alzheimer Scotland, we provide a specialist service for older people with dementia in Oaklands day centre.
- We are working jointly across the voluntary sector, health and social work to deliver a Carer Education Programme and a Carer Support Group.
- We have an early stage outreach service provided by Alzheimer Scotland.
- We have developed a Dementia Managed Care Network and appointed a project worker to implement the actions identified.
- We held a seminar for older people and professionals to explore the issues in relation to promoting mental health and wellbeing.
- We have redesigned Psychiatry of Old Age day hospital services to provide separate, focused services for older people with a functional mental illness and those with an organic mental illness/dementia.
- We have met the continuing care targets for Psychiatry of Old Age services.

What actions are planned?

- We will implement a revised model of in-patient and day treatment for older people with mental health problems.
- Dementia/Mental Health training will be developed for staff in purchased and provided services for older people.
- We will develop information for individuals and their carers which assists their understanding at the time of diagnosis.
- We will remodel liaison services into care homes and into non-psychiatric hospital sites.
- We develop a single referral point for psychiatric services for older people.
- We will work alongside the Dementia Managed Care Network to implement the table of commitment.
- We will develop actions to address the issues raised through the mental health and wellbeing seminar.
- Capital investment will be sought to provide facilities to deliver Psychiatry of Old Age In-patient services and Psychiatry of Old Age Day Hospitals on one site, co-located with Department of Medicine for the Elderly.
- We will develop an open referral system for Psychiatry of Old Age.

What are our long term objectives?

- We will have clearly developed care and assessment pathways for people aged under 65 who have dementia.
- We will have a Dementia Strategy which sets our vision for dementia services in the future.

Our Strategic Promise 5

You will have accommodation which meets your needs

What progress have we made so far?

- A Best Value Review of Sheltered Housing agreed the maintenance of low-level support for people who live in sheltered housing complexes.
- We have developed 44 Housing with Care units since 2004.
- We worked in partnership with Bield Housing Association to develop flatted purpose built Housing with Care facility for 22 older people.
- We have refurbished one local authority care homes to introduce ensuite facilities and rebuilt two local authority care home to improve the environment for older people.
- We have revised and agreed the criteria for aids and adaptations.
- £10,000 per annum has been allocated to provide key safes to enable access to housing and support the provision of care and support services.

What actions are planned?

- We will implement the 2006 Best Value Review of Sheltered Housing and seek to achieve the sheltered housing targets set out in the Review.
- We will review the warden service model.
- We will plan the development of, and commission 100 new Housing with Care services to be in place by 2011.
- We will adjust our care home placement rate in proportion to the development of alternatives to care homes.
- We will purchase additional tele-care equipment and supports.
- We will rebuild one Local Authority care home (Janet Brougham) by January 2008.

What are our long term objectives?

- We will have reduced the number of older people cared for in institutional environments by developing a wide range of accommodation with care options and by further developing community based services.
- We will have a plan for the reduction and remodelling of continuing care, with resources released for community and social care services.

Our Strategic Promise 6

You will receive the care and support you require in the setting most appropriate to your needs

What progress have we made so far?

- We have established the First Contact Team to undertake all new referrals for older people living in the community.
- We have contracted for an additional 1,700 hours of social care per week.
- We have reviewed our rapid response and crisis services to produce a more efficient targeted response across localities.
- We have a new purpose built day centre (Oakland's) for older people.

What actions are planned?

- The First Contact Team will be redesigned to improve access to a wider range of services.
- Direct access to services will be further developed across health, social work and housing.
- We will increase investment in care at home services and intensive care at home services to minimise waiting times for social and home care service.
- We will continue to review the range of day opportunities provided by social work, health and the voluntary sector.
- We will extend the operational hours of service delivery in Oakland Centre and review transport arrangements.
- We will develop locality based services/supports for older people.
- We will provide more local community day opportunities for older people by investigating the use of lunch clubs and sheltered housing communal areas.

What are our long term objectives?

- We will provide a comprehensive range of day services where older people can be supported by appropriate professionals and gain quicker access to other services as their needs change.
- We will provide day opportunities and support in the localities in which older people live in.
- The ways in which home care and other services meet the cultural needs of older people from Dundee will be reviewed and developed.

Our Strategic Promise 7

We will work with you and your carers to deliver any medical care at the right time and close to home.

What progress have we made so far?

- We have piloted a scheme to divert appropriate calls from nursing homes away from NHS 24 to the Out of Hours Community Nursing Service.
- We have redesigned Medicine for the Elderly services to provide a clinic approach to assessment and treatment.
- We have introduced access to urgent medical clinic screening within 48 hours.
- We have redesigned and increased the hours available for deployment by rapid response social care services which have prevented inappropriate admission to hospital.
- We have held a Rapid Improvement Event to look at the hospital care of frail older people and identified means to improve their pathways through hospital.
- We have reviewed the Tayside Joint Health and Social Care Adult Discharge Protocol.
- An additional Geriatric Consultant is now in post, providing rapid assessment to older people in Ninewells Hospital.

What actions are planned?

- We will further redesign Medicine for the Elderly day hospital services.
- We will complete a review of hospital social work services within Ninewells hospital.
- We will review the role of the hospital ward sister to improve patient care
- We will produce Information Guidance leaflets for patients and relatives on admission and discharge.
- We will seek to meet and maintain the national and local targets for hospital delayed discharge and implement the Tayside Delayed Discharge Development plan.
- We will reduce admission to hospital as a result of falls for older people.
- We will seek to reduce the proportion of people aged 65 years and over admitted as an emergency in-patient 2 or more times in a single year.
- We will ensure that all older people receive a functional assessment on admission to hospital and that those who require a specialist assessment from Medicine for the Elderly services will receive it.
- We will significantly reduce the current boarding out arrangements in hospital that create poor outcomes for older people.
- The number of Medicine for the Elderly hospital beds will be set to reflect the older patient population currently occupying beds within Ninewells Hospital.
- We will commission the Dundee Intermediate Care Facility.

- We will develop and resource services and options for step up admission into hospital.
- We will redesign and refurbish continuing care facilities to meet the future needs of older people.

What are our long term objectives?

- We will ensure that all older people in hospital receive the right level of assessment and treatment at the right time.
- We will develop and agree equitable pathways of care for all frail older patients in Dundee.
- We will have quality patient care for all older people in acute hospitals.

DUNDEE OLDER PEOPLE JOINT COMMISSIONING AND SERVICE REDESIGN FRAMEWORK

1 INVOLVEMENT

An involvement strategy is a core element of providing quality health and social care services for older people. This ensures that:

- older people have the opportunity to participate in the planning, development and improvement of services;
- agencies are responsive to older people's needs;
- the needs of diverse groups of older people are met; and
- services are designed to meet individual need as opposed to 'one size fits all'.

Targets 2008 - 2011

- The Housing Department will develop an involvement strategy for sheltered housing users.
- We will develop a consultation and involvement strategy for older people's services reflecting the diversity of older people in Dundee.
- We will agree an action plan for consultation and involvement reflecting our involvement strategy and the National Standards for Community Engagement.
- We will develop ways of monitoring the success of our involvement strategy.
- We will act on the information gained through consultation.

MODEL OF SERVICE DELIVERY

1 Information, Access to Services and Assessment

Older people and their carers understand that services may not always be available at the time of request, but appreciate an early indication of their assessed needs, the identified care and support plan, and ongoing communication as to how and when this will be provided. In order to carry out assessments of need efficiently and effectively, we have developed a number of assessment responses which include the First Contact Team, hospital based care and assessment teams and the hospital supported discharge organisers. In addition we have established crisis and rapid response social services to ensure that immediate need is responded to within an appropriate timescale.

Targets 2008 – 2011

- A directory of services will be made available on Dundee City Council's website which will include information on service eligibility criteria.
- We will develop self assessment for individual use.
- We will conclude the review of advocacy services and establish an advocacy resource for older people which has the capacity to provide a range of advocacy responses.
- The First Contact Team will be redesigned to improve access to a wider range of services.
- Direct access to services will be further developed across health, social work and housing.
- We will increase the number of older people utilising the Self Directed Support Scheme to manage their care and support needs.

There is a system in place for carer's assessments, but these are not routinely accessed and many carers tell us they were unaware of their right to this assessment.

A recent review of the use of respite care identified that the demand for respite care away from home was not being met and that greater flexibility in short breaks was required to allow carers to attend either daytime or evening activities. In addition a number of older people entered a respite facility following a breakdown in support or as a result of an emergency situation, with a proportion of these older people remaining in a care home and not returning to their home.

Targets 2008 – 2011

- A Carers' Partnership will be established to ensure that carers have a greater say in joint planning and service provision.
- We will implement the actions set out in the Carers' Strategy and the Carers' Consultation Plan.
- We will carry out an audit of carers' information leaflets with a view to improving the range available.
- We will review the funding of support services for carers, and, in particular, consider the local provision of sitter type services and short breaks/respite care.
- We will increase respite provision within Local Authority care homes.
- We will increase respite beds within the private care home sector.
- We will review the current carers' assessment processes to make this more accessible, with links between assessment and support more transparent.

The local work arising from the long term conditions strategy has identified a need to promote self managed care and health led case management for those with more complex needs.

The earlier Balance of Care report identified a required growth in the provision of community health services including community nursing and allied health professionals to match the anticipated demographic growth. This has remained a challenge and there are workforce issues relating to the configuration of teams and skill mix to deliver on increasing workloads effectively. NHS Tayside will be a development site for Visible, Accessible & Integrated care and as part of the service redesign will test the generic community health nurse and other roles.

A predictive model is being developed, which will enable a focus on managing long-term conditions in the community, rather than in acute hospital settings. In addition, a pilot operating from two GP practices in Dundee identified a cohort of patients who are vulnerable to hospital admission and who would consequently benefit from case management.

The multi-agency inspection of Older People's Services highlighted a number of gaps in medication management for older people, including the following:

- 1 A community medication administration policy;
- 2 Systems for the assessment of an older person's ability to manage their own medicine;
- 3 Evidence of an older person's ability to manage their own medicine in a residential setting; and
- 4 Information provided to older people and their carers about their medication.

Targets 2008 – 2011

- We will implement the long term conditions action plan and work towards enabling older people to self manage their conditions.
- We will develop Local Care Centres for Dundee to improve access to health and social care services for our communities.
- We will continue work to redesign and configure community health services including out of hours responses, to ensure most effective use of resources to address strategic drive to shift balance of care.
- We will develop a community medication administration policy and introduce a model of assisting with medication in the community.

Promoting good health for older people is undertaken in a number of ways and relates not only to physical health but also to mental well being. The ability to eat healthily, live in a safe environment and have appropriate health checks and interventions is further enhanced by access to exercise, social interaction and by maintaining hobbies and interests.

Research has shown that 30% of people over the age of 65 fall annually, with this figure increasing to 50% of those people aged over 85. The impact of a serious fall can be significant for an older person, with 62% of all fatal injuries in those over 65 being fall related. Early identification of risk and an integrated approach to the management of falls has proved to reduce and minimise the risk.

The Better Outcomes report acknowledges that low level anticipatory and preventative services such as practical home care, meals and shopping are important factors in promoting independence and older people in Dundee confirm that they value these services

Targets 2008 – 2011

- We will work with groups of older people with specific cultural and nutritional needs to provide a range of quality, appropriate meals, provided in a range of settings.
- We will work with the Bharatiya Ashram organisation to develop a cultural centre to provide opportunities for social, health and mental well being improvements.
- We will implement the falls strategy and provide training for falls prevention across health and local authority services.
- We will develop programmes of support to encourage and enable older people to maintain healthy lifestyles choices, such as stopping smoking and reducing alcohol intake.
- We will explore options for peer speaking and health coaching with local older people's groups.
- We will maintain our level of practical and low level supports.
- We will continue the OPEN project funding.
- We will develop enabler services to improve the social networking opportunities for older people.

In the Joint Multi-Agency Inspection of Services for Older People, Dundee's care at home services were considered to be of a high quality and were appreciated by those who receive them. Overall, there has been a shift in the balance of care from long stay care towards more care at home, however there are not enough services to meet the demands of the current population of Dundee and there is a rising unmet need.

Comparisons with benchmark authorities and all Scotland figures indicate that:

- 1 Dundee has a significantly lower rate of home care hours than most of the comparator authorities, and the national rate;
- 2 Dundee has a higher rate of service users aged 65+ than the national rate, suggesting Dundee is giving some services to a larger number of people rather than prioritising its services to those in need of high levels of support; and
- 3 The rate of service users receiving 10+ hours of home care per week is very much lower in Dundee than the national rate and compared with most of the comparator authorities.

Targets 2008 – 2011

- We will increase investment in care at home services to minimise waiting times for social care and home care service.
- We will increase the amount of intensive home care, and the number of service users by reducing care home placements and redirecting funding into alternative housing with support and intensive home care; and reducing NHS continuing care beds and redirecting the resource into Community Services.
- We will develop community based services so that intensive home care constitutes at least 30% of all long term care by 2010.

Community mental health teams are based in both the east and the west of the city. The team consists of co-located professionals, including psychiatrists, community psychiatric nurses, support workers, occupational therapists, psychology, pharmacy, liaison staff, social workers and social care workers. The teams work with older people who have both functional and organic illnesses, linking to Psychiatry of Old Age day hospitals, GP practices and care homes.

The service is subject to ongoing redesign and there is an impetus to develop and refine care pathways for older people with dementia and their carers. In addition we are in discussion to agree pathways for people with dementia who are aged under 65, to ensure they receive appropriate assessment and support from those most skilled and able to do so. To do this we will be required to increase the capacity for services such as the memory clinic and the anticholinesterase clinic. Information and support for carers at the time of diagnosis should also be improved.

The number of older people with mental health problems is increasing and there is a requirement to provide additional care and support services to individual, carers and service providers such as care homes, domiciliary services and day opportunities. Appropriate administration of medication can assist maintain independent living and lack of support to maintain medication regimes in the community can potentially lead to a greater dependence for services and support.

Targets 2008 – 2011

- We will implement a revised model of in-patient and day treatment for older people with mental health problems in Dundee that takes into consideration the following factors:
 - the availability and impact of other service elements;
 - projected demographic changes;
 - incidence of co-morbidity, physical illness and frailty;
 - incidence of highly dependent/behaviourally disturbed people;
 - the clinical priority of co-location with Medicine for the Elderly services;
 - the availability of suitable sites; and
 - capacity for development on existing NHS sites.
- Dementia/Mental Health training will be developed for staff in purchased and provided services for older people.
- We will develop information for individuals and their carers which assists their understanding at the time of diagnosis.
- We will remodel liaison services into care homes and into non-psychiatric hospital sites.
- We develop a single referral point for psychiatric services for older people.

- We will work alongside the Dementia Managed Care Network to implement the table of commitment.
- We will develop actions to address the national mental health and wellbeing report and the issues raised through the mental health and wellbeing seminar.
- We will develop an open referral system for Psychiatry of Old Age services.

We have introduced a direct access referrals system from day hospital to day care which has supported partnership work and has led to an increase in the demand for some services, and in particular Oakland Centre. Plans to develop evening services and services for people with dementia who are under 65 years of age are still to be progressed.

It is anticipated that as the number of older people steadily increases, the current service model will target those with more complex care needs and support those with needs that cannot be met in other community settings.

Targets 2008 – 2011

- Capital investment will be sought to provide facilities to deliver Psychiatry of Old Age in patient services and day hospitals on one site, co-located with Department of Medicine for the Elderly services
- We will continue to review the range of day opportunities provided by social work, health and the voluntary sector, the different routes for referral and, in particular, the interface between these.
- We will investigate the potential of extending the operational hours of service delivery in Oakland Centre and the reasons around low uptake of under 65's service and act on outcomes.
- We will review transport arrangements for day care services.
- We will develop locality based services/supports for older people.
- We will provide more local community day opportunities for older people by investigating the use of lunch clubs and sheltered housing communal areas.
- We will further redesign Medicine for the Elderly day hospitals to implement the recommendations from the recent Rapid Improvement Event.

8 Accommodation

The Local Authority concluded its Best Value Review of Sheltered Housing in 2006. During this review, older people told us that they valued the sense of security and the support they received from the warden service. Many older people living in sheltered housing have lower level needs, with social care being provided through the home care services. Dundee has a range of both sheltered and very sheltered accommodation, with housing provided by both the Local Authority and the housing associations. There are a large number of sheltered houses in the area however a proportion of this accommodation is inappropriate for frailer older people.

Housing with Care provides an alternative to residential care. The accommodation has dedicated social care support staff, with a response service provided by community alarm after 10pm.

Housing with Care was introduced into the city in 2004 and there has been some progress towards increasing the numbers of accommodation with care places, alongside increases in home care provision. However, this is not having as significant an impact on the reduction in the numbers of older people being cared for in care homes as anticipated. A number of factors are attributed to this including the focus being given to reducing the number of long-stay beds as set out in the Balance of Care report along with pressures to reduce delayed discharges. A significant rise in the number of accommodation with care places is required in order to help effectively shift this balance and this will call for a range of accommodation with care options

To help support the shift in the balance of care, one hundred new services over the next three years are being planned for. These services will be for older people who due to being physical frail, having dementia or a long term condition are no longer able to be supported within their own home.

Targets 2008 – 2011

- We will implement the 2006 Best Value Review of Sheltered Housing and seek to achieve the sheltered housing targets set out in the Review but monitor this in line with demands and voids.
- We will review the warden service model.
- We will plan the development of, and commission 100 new Housing with Care services to be in place by 2010, with consideration given to:
 - the cost of service;
 - commissioning new build accommodation in partnership with Housing Associations;
 - explore tenure options with Housing Associations in order to encourage older people with this support requirement the option of purchasing their accommodation;

- planning appropriate adaptations to existing resources to meet demand;
 - transferring resources from care home budgets for care and support services; and
 - implement a model of social care support for people in Accommodation with Care.
- We will purchase additional tele-care equipment and supports.

9 Equipment and Adaptations

A review of equipment provision was undertaken by the local authority and its partners in health. As a consequence, in 2007 the Dundee Independent Living and Community Equipment Centre was opened. The Centre houses the community equipment store for Dundee and has up to date cleaning and maintenance equipment on site. This has created a more responsive and higher standard of service.

Ensuring individuals can live to their full potential has also been a prime focus for the city and the established Independent Living Centre was incorporated into the site. The Centre can offer on site assessment and an opportunity to try the equipment available.

Waiting times for aids and adaptations have proved challenging and there will be a continued focus on maintaining a quick response to referrals.

Targets 2008 – 2011

- We will revise information for the public about Occupational Therapy Services.
- We will heighten awareness of equipment issues through the Independent Living Centre.
- We will extend the range of equipment provision to support safe practice in domiciliary care and respond to issues raised.
- We will review all care provision of over 14 hours per week to ensure all equipment and adaptation options are considered.
- We will increase the deployment of equipment year on year.

Care Homes will continue to provide care for older people for many years, however attention will be needed to ensure the nature, quality and cost of those services are in line with the overall balance of care. There are currently over 900 older people currently living within care homes in Dundee and the surrounding areas. Comparisons with benchmark authorities and all Scotland figures indicate that:

- 1 Dundee Council's budget for older people was at a slightly higher rate than for Scotland as a whole, but at a lower rate than three of the five benchmark authorities;
- 2 Dundee City Council was purchasing or providing around the midpoint rate of care home places in relation to its comparator authorities and at the same level as the national rate;
- 3 During the 6 month census period in 2005 Dundee was funding new placements at the comparator midpoint level and at the same level as the national rate; and
- 4 The average length of stay for long stay residents funded by Dundee in care homes is very similar to the position in Scotland as a whole, but is more varied in relation to the comparator authorities. Dundee's average length of stay for older people is higher than in the two neighbouring authorities (2.8 yrs in Dundee, 2.6 yrs in Angus, 2.3 yrs in Perth & Kinross).

The numbers of people in care homes rose during 2004-05, although this figure decreased during 2005-06 to 817. There has been significant additional investment in care homes to ensure their financial viability and the delivery of national care standards and also as part of the implementation of the Free Personal Care policy.

There has also been a shift in the balance of care towards care at home. The percentage of institutional care (Care Home + NHS Geriatric Long Stay) as a proportion of all long-term care was 80% during 2004-05 compared to 84% the previous year. At March 2006 this figure was 77.4%, progressing towards the national maximum target of 70%. We expect this to decrease to 76% by 2007.

Targets 2008 – 2011

- We will develop a review team to review the needs of older people in care home settings.
- We will maintain our planned level of care home placement activity, taking account of hospital delayed discharges and community needs, until alternative models of accommodation are developed. We will then redirect resources to accommodation with support and revise placement activity.
- We will rebuild one Local Authority care home (Janet Brougham) by January 2008.

In the past year approximately 50% of the 13,500 admissions to the Acute Medical Unit in Ninewells Hospital and 19% of all Accident and Emergency patients were aged over 65. Older people experience similar health difficulties to the rest of the population, but of these older people attending hospital a significant number will be 'frail' and will present with confusion, falls and poor mobility. In addition, recuperation can be slower and rehabilitation to maintain and improve life skills should be carried out on a daily basis as part of the ongoing care. This can be a challenge on an acute specialist ward, when competing priorities and a focus on specialist skills can result in poorer outcomes for older people requiring a holistic care and treatment plan.

This difficulty was recognised through the MAISOP inspection which highlighted a need to review the balance of acute medicine, specialist geriatric medicine and community services within the city. In addition there is an inequity in the resources for male patients with a smaller number of male medicine for the elderly beds available, than those for female patients.

Emergency admissions into hospital have reduced as have multiple admissions to hospital, however there is still anecdotal evidence that inappropriate admission are made and that this is exacerbated by the lack of appropriate advice from and capacity within medicine for the elderly services, a lack of appropriate community services and a lack of patient information for out of hours GP services. As part of the Emergency Admissions National Scoping Group, linked to NIS QIS, a recurring admissions sub-group was set up and is proactively following up older people with multiple admissions (after 3rd emergency admission) and if appropriate, referring them on to Medicine for the Elderly.

The progress that has been made in reducing delayed discharges and sustaining at a lower level is due to a combination of several factors. The early supported discharge, intensive home care and prevention of admission services were integrated into the intensive care at home/rapid response service, with a single manager and a single set of eligibility criteria. This new scheme, along with the introduction of health co-ordinator posts, has helped to facilitate faster and smoother discharges and move people through the system to more appropriate settings, including rehabilitation. In addition, the co-ordinated efforts of the joint placement panel in prioritising care home placement activity have contributed to faster discharge from hospital.

The targets for 2008 continue to pose a significant challenge for the Dundee partnership.

Targets 2008 -2011

- We will complete a review of hospital social work services within Ninewells hospital.
- We will review the role of the hospital ward sister to improve inpatient care.
- We will produce Information Guidance leaflets for patients and relatives on admission and discharge.
- We will seek to meet the national and local targets for hospital delayed discharge.
- We will implement the Tayside Delayed Discharge Development Plan 2008 – 20010, including agreed uses of the funding identified.
- We will reduce admission to hospital as a result of falls for older people.
- We will seek to reduce by 20% the proportion of people aged 65 years or over admitted as an emergency in-patient 2 or more times in a single year by 2008-09.
- We will ensure that all older people require a functional assessment on admission to hospital and that those who require specialist assessment from Medicine for the Elderly services will receive it.
- We will develop and agree equitable pathways of care for all frail older patients in Dundee.
- We will significantly reduce the current boarding out arrangements in hospitals that create poor outcomes for older people.
- The number of Medicine for the Elderly hospital beds will be set to reflect the older patient population currently occupying beds within Ninewells Hospital.

12 Intermediate Care

Although there already are specialist rehabilitation services for older people in Dundee there is a gap in service provision for rehabilitation in a supportive non-hospital environment. There is no residential intermediate care provision in Dundee that can bridge the gap between discharge from hospital and return home that provides for a longer period of supported recovery. This means that some older people are either delayed inappropriately within hospital settings or whose assessment needs are not able to be undertaken in a more homely environment.

To meet this gap we will establish a short stay assessment and rehabilitation facility in Dundee city, initially as a step down facility, to admit selected, predominantly older patients from Ninewells and Royal Victoria Hospitals. The facility will offer slow stream rehabilitation in a non-hospital environment. The Dundee Integrated Intermediated Care (DIIC) facility is based on experience of previous winter planning initiatives which have established that some older patients following an episode of acute illness benefit from a deliberately extended period of supported recovery to enable them to return home rather than going to a care home. The beds in DIIC will be based in an independent care home but patient care will be provided jointly by independent care staff and NHS staff and their care managed by close working relationships between the NHS, social care and the independent sector. The model of care is based on a fully integrated clinical model supported by a Department of Medicine for the Elderly Consultant inclusive of existing Out of Hours services.

The development of an intermediate care facility for 25 people will extend the scope of rehabilitation services available for older people, improve opportunities for patients to return home and reduce the number of patients whose discharge is delayed. It will also fully integrate both health and social care services.

Targets 2008 -2011

- We will commission and establish the Dundee Intermediate Care Facility by July 2008.
- We will develop and resource services and options for step up admission into hospital.

Over the last three years there has been a planned reduction in long-stay NHS in-patient provision. The number of continuing care beds provided by Psychiatry of Old Age was planned to reduce from 86 to 40 and this has now been achieved. This has been further reviewed and the proposed bed model is 14 males and 9 female beds. Over this period the rate of resource release for reinvestment in community-based services in Dundee has not been on the scale originally envisaged. Significant sums were required to augment the redesigned bed base and staffing levels, as well as contribute towards efficiency savings. A significant part of the resource was however used to establish new multi-agency Community Mental Health Teams.

In relation to continuing care beds for frail older people provided by the Department of Medicine for the Elderly, the original proposal was to reduce provision from the 119 beds available to 95 with the eventual aim of reducing to 50 beds in 2007/08. There was a further reduction in geriatric long stay beds during 2004-05 although this figure was increased during 2005-06 to 75. The current bed base is 61 plus 2 respite. The anticipated pace of change of the commissioning of new and expanded community-based service provision has not moved forward as quickly as anticipated. Significant sums were required to augment the assessment and rehabilitation in-patient services, as well as contributing to the overall efficiency savings of NHS Tayside. NHS Tayside Board reinvested some of the resource in Dundee mostly in Psychiatry of Old Age services, particularly around the priority areas of community-based Mental Health Teams.

Much of the in-patient accommodation does not comply with modern standards and expectations and has been the subject of criticism both from formal inspection bodies and patients' relatives. Existing provision does not meet the physical or therapeutic needs of an increasingly dependent and challenging patient population. Individuals with very different clinical needs have to share ward accommodation in order to meet gender separation requirements.

Targets 2008 – 2011

- We will establish a plan for the redesign and remodelling of continuing care.
- We will reduce the number of Medicine for the Elderly continuing care beds from 66 plus 4 respite beds to 50 beds with resources released for community and social care services.
- We will put in place a reprovisioning programme. This will require the identification of funds for capital investment to address some of the significant environment issues within hospital services for older people.

COMMISSIONING INTENTIONS

This improvement work will be achieved through a combination of service redesign and remodelling and by commissioning additional services. Our commissioning intentions are to:

1. Commission 100 Housing with Care units by 2010-2011. 9 units will be available by March 2009 and will be achieved within existing resources;
2. Commission and establish a Dundee Intermediate Care Facility by July 2008, total cost £1,072,000;
3. Increase care at home provision. An additional 450 hours of local authority services have already been commissioned and hours are being deployed, total full year cost £347,552. 962 hours of private and voluntary hours have been commissioned and will be fully deployed by February 2008, total full year cost £550,448;
4. Establish a respite unit with 10 beds at Craigie House local authority residential home during 2008-09 by reducing permanent beds;
5. Increase block respite beds in private sector to 6 in 3 units (2 residential, 1 nursing) during 2008-09 by reducing permanent beds;
6. Establish an advocacy resource for older people
7. Rebuild Janet Brougham local authority residential home by January 2008, total cost £3,600,000;
8. Purchase additional tele-care equipment and supports during 2008-09, total cost £140,000;
9. Seek capital investment to deliver Psychiatry of Old Age In-patient and Day Hospital services and co-locate with the Department of Medicine for the Elderly;
10. Develop a review officer team to review the needs of older people living within a care home;
11. Increase the number of care home placement rate as an interim step during the development of alternative housing with care models, then reduce to current placement rate; and
12. Develop and resource services and options for step up admission into hospital.

SERVICE REDESIGN AND REMODELLING

In addition to the commissioning intentions, the Strategy will be supported by service redesign and remodelling. We will:

- 1 Review and strengthen assessment practice, including self-assessment and carers' assessment, within a Single Shared Assessment system;
- 2 Redesign the First Contact Team to improve access to a wider range of services;
- 3 Implement the Falls Strategy;

- 4 Implement the Long Term Conditions action plan, specifically in relation to supporting self-management of care;
- 5 Redesign community nursing and out of hours services and be a development site for Visible, Accessible and Integrated Care in Tayside;
- 6 Develop and implement a community medication administration policy;
- 7 Remodel liaison services into care homes and into non-psychiatric services for older people;
- 8 Explore the potential for extending operational hours in Oaklands Day Centre;
- 9 Explore the development of locality based services and supports for older people;
- 10 Review hospital social work services in Ninewells Hospital;
- 11 Further redesign Medicine for the Elderly Day Hospitals;
- 12 Achieve the targets for the provision of sheltered housing as set out in the Best Value Review;
- 13 Review and remodel support services for carers;
- 14 Redesign Medicine for the Elderly continuing care services; and
- 15 Reduce the overall number of care home placements.

FINANCIAL FRAMEWORK

The base line budget which applied to this strategy is detailed in Appendix 1. The budget reflects the known available finances at the time of the completion of the plan. Where commissioning or service redesign costs are known, the resulting budget changes are shown. Where developments are yet to be costed, these are not included in the budget but will be detailed in subsequent reviews of the strategy. All other developments will be achieved within the base line budget.

DUNDEE OLDER PEOPLE JOINT COMMISSIONING FRAMEWORK

Activity	Timescale	Expenditure	Lead Officer
Commission 100 housing with Care Units	8 units will be available by Dec 2008 Additional 16 units by Dec 2009 Additional 24 units by Dec 2010 Additional 32 units by Dec 2011	Option appraisal of capital funding arrangements to be undertaken. Revenue funding to be met through the re-alignment of the Older People Nursing and Residential Placements Budget.	Avril Smith Hope (Dundee City Council Social Work Department)
Commission and Establish the Dundee Intermediate Care Facility	July 2008	£1,154,000	Janice Henderson (NHS Tayside)
Increase Care at Home Provision	Local authority services commissioned and hours are being deployed Private and Voluntary services commissioned Phased as follows: Increase resource availability by 500 hours per week by end of February 2008 (baseline of 12,400)	£347,552 (full year cost) for 450 hours per week local authority care at home services £550,448 (full year cost) for 962 hours per week As above, total cost : £898,000 for 1,412 additional hours by November 2008	Laura Bannerman (Dundee City Council Social Work Department)

DUNDEE OLDER PEOPLE JOINT COMMISSIONING FRAMEWORK

Activity	Timescale	Expenditure	Lead Officer
	<p>hours per week September 2007)</p> <p>Increase resource availability by a further 400 hours per week by end of April 2008</p> <p>Increase resource availability by a further 500 hours per week by November 2008</p> <p>Identify additional resource requirements by November 2008</p>		
Rebuild a Residential Care Home	January 2008	£3,600,000	Avril Smith Hope (Dundee City Council Social Work Department)
Purchase Additional Tele-care Equipment and Supports	2008-09	£140,000	Stewart Watt (Dundee City Council Social Work Department)
Review and redevelop advocacy services to meet identified future needs	July 2008	£40,000 (as per Adult Protection bid)	Diane McCulloch (Dundee City Council Social Work Department)
Seek capital investment to deliver Psychiatry of Old Age in-patient and Day Hospital Services and co-locate with Department of	To be determined	To be determined	Janice Henderson (NHS Tayside)

DUNDEE OLDER PEOPLE JOINT COMMISSIONING FRAMEWORK

Activity	Timescale	Expenditure	Lead Officer
Medicine for the Elderly			
Increase the care home placement rate as an interim step during the development of housing with care, then reduce to current placement rate.	January 2008	To be met from existing Community Care Nursing & Residential Placements Budget	Laura Bannerman (Dundee City Council Social Work Department)
Develop a review team	July 2008	£207,000 in full financial year	Diane McCulloch (Dundee City Council Social Work Department)
Develop and commission a facility for step up admission into hospital	To be determined	To be determined	David Lynch (NHS Tayside)
Establish a respite unit (10 beds) within Craigie House.	April 2009	Through budget re-alignment of placement budget	Laura Bannerman (Dundee City Council Social Work Department)
Increase block respite beds in private sector to 6 in 3 units (2 residential, 1 nursing) during 2008-09 by reducing permanent beds	April 2009	Through budget re-alignment of placement budget	Laura Bannerman (Dundee City Council Social Work Department)
Increase use of Direct payments by older people	April 2009	Through budget re-alignment	Dave Mackenzie

Older People Best Value Review

Appendix 1

GROUP	SERVICE	Social Work	NHS - Dundee CHP	Total Older People	Social Work	NHS - Dundee CHP	Total Older People	Social Work	NHS - Dundee CHP	Total Older People
		Revenue Budget 2009/10 £	Revenue Budget 2009/10 £	Revenue Budget 2009/10 £	Revenue Budget 2009/10 £	Revenue Budget 2009/10 £	Revenue Budget 2009/10 £	Revenue Budget 2010/11 £	Revenue Budget 2010/11 £	Revenue Budget 2010/11 £
2	ACCESS, ASSESSMENT & MGMT OF CARE									
	HOSPITAL RESPONSE TEAM	332,970	0	332,970	341,294	0	341,294	349,827	0	349,827
	ASSESSMENT & MGMT OF CARE TEAMS (incl OT & Community Equipment Centre Staff Costs)	2,819,736	0	2,819,736	2,890,229	0	2,890,229	2,962,485	0	2,962,485
	COMMUNITY NURSING - ADULT SERVICES	0	3,653,539	3,653,539	0	3,735,744	3,735,744	0	3,810,798	3,810,798
	COMMUNITY PODIATRY SERVICES	0	756,532	756,532	0	773,554	773,554	0	790,959	790,959
	HOSPITAL DISCHARGE SCHEMES	1,157,690	0	1,157,690	1,186,632	0	1,186,632	1,216,298	0	1,216,298
	INTENSIVE CARE AT HOME	0	546,620	546,620	0	558,919	558,919	0	571,495	571,495
	COMBINED CARE AT HOME	324,410	0	324,410	332,520	0	332,520	340,833	0	340,833
	EMERGENCY RESPONSE TEAM	316,730	0	316,730	324,648	0	324,648	332,764	0	332,764
	COMMUNITY MENTAL HEALTH TEAM (OP)	419,070	916,779	1,335,849	429,547	937,407	1,366,953	440,285	958,498	1,398,784
	HOME CARE SERVICES (incl Meals & Telecare Services)	10,523,237	0	10,523,237	10,786,318	0	10,786,318	11,055,976	0	11,055,976
	TOTAL GROUP 2	15,893,843	5,573,470	21,767,313	16,291,189	6,095,623	22,296,812	16,698,469	6,140,750	22,839,219
3	EQUIPMENT & ADAPTATION SERVICES	431,950	0	431,950	442,749	0	442,749	453,817	0	453,817
4	REHABILITATION & DAY SERVICES									
	LOCAL AUTHORITY DAY CENTRES	835,280	0	835,280	856,162	0	856,162	877,566	0	877,566
	DAY SERVICES PROVIDED BY VOLUNTARY SECTOR	277,970	0	277,970	284,919	0	284,919	292,042	0	292,042
	REHAB. AT HOME SCHEME	325,070	0	325,070	333,197	0	333,197	341,527	0	341,527
	ASSESSMENT & REHABILITATION SERVICES	0	4,963,903	4,963,903	0	5,065,366	5,065,366	0	5,179,337	5,179,337
	POA - DAY HOSPITALS	0	505,262	505,262	0	608,655	608,655	0	622,350	622,350
	RVH DAY HOSPITAL	0	484,481	484,481	0	495,382	495,382	0	506,528	506,528
	COMMUNITY THERAPIES	0	350,167	350,167	0	358,046	358,046	0	366,102	366,102
	TOTAL GROUP 4	1,438,320	6,393,813	7,822,133	1,474,278	6,527,449	8,001,727	1,511,135	6,674,316	8,185,451
5	ACCOMMODATION WITH CARE									
	LA RESIDENTIAL CARE BEDS	4,029,177	0	4,029,177	4,129,906	0	4,129,906	4,233,154	0	4,233,154
	CARE HOME PLACEMENTS	14,391,074	0	14,391,074	14,430,352	0	14,430,352	14,296,094	0	14,296,094
	HOUSING WITH CARE	591,220	0	591,220	737,611	0	737,611	1,079,801	0	1,079,801
	POA INPATIENT SERVICES	0	4,373,123	4,373,123	0	4,471,518	4,471,518	0	4,572,127	4,572,127
	FRAIL ELDERLY C.C. BEDS (ASHLUDE AND RVH)	0	3,333,338	3,333,338	0	3,408,338	3,408,338	0	3,485,026	3,485,026
	TOTAL GROUP 5	19,011,471	7,706,461	26,717,932	19,306,869	7,879,856	27,186,725	19,605,049	8,057,153	27,662,202
	ADVOCACY SERVICES	118,950	0	118,950	121,821	0	121,821	124,867	0	124,867
	Dundee Integrated Intermediate Care Facility (DIIC)	0	1,154,090	1,154,090	0	1,177,090	1,177,090	0	1,200,622	1,200,622
	NHS Savings Targets	0	(304,100)	(304,100)	0	(735,900)	(735,900)	0	(1,177,357)	(1,177,357)
	GRAND TOTAL	36,894,434	20,913,644	57,708,078	37,636,006	20,854,108	58,490,115	39,397,337	20,995,494	60,292,821

Notes: NHST pay inflation estimated at 2.25%.
 NHST remaining impact of Agenda for Change estimated at 2%.
 Budget for DIIC shown at full year level.
 DCC staff costs prior to full impact of single status.
 DCC pay inflation estimated at 2.5%.

Summary

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